



# MUNICIPALITY OF MONROEVILLE



*"Equal Opportunity Municipality"*

## Vacation Carry-Over Request Form

Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

Number of Vacation Days Requested to Carry Over: \_\_\_\_\_

Reason for this Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Department Head's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Request Granted:  Request Denied:

Municipal Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Request Granted:  Request Denied:

Number of Days Granted by Municipal Manager to Carry Over: \_\_\_\_\_

*\*This form must be signed.*

cc: Employee's Personnel File

TJL:dlb