

Vacation Carry Over Request December 2025

Employee Name: MARG ARET CHECKAL	
Hours of vacation time remaining to date: 92	
Hours of vacation requested to carry over: 40	
By signing below, employee acknowledges understanding of the vacation carry-over conditions:	
 Full-time and eligible part-time employees may called leave per calendar year. 	rry over <u>up to five days</u> of vacation
 A request for a vacation carryover form must be provided to the department head and submitted to the Finance Department by December 1st. 	
 All vacation carried over must be used by March 31st, 2026. 	
 Any remaining vacation time in excess of five days will be forfeited. 	
Employee Signature: Margaret Cheakar	Request Date: 11 4 2025
Approved by:	_ Apploved Date
If unsued vacation is in excess of five days	
Mayor's approval:	Approved Date: