

Request for Annual Leave Carryover

(To be completed by Department Head)

Instructions: Use this form when the employee's absence causes extreme hardship within the department. A detailed explanation must be included below with the reason for the employee's inability to use the excess annual leave as well as a plan for bringing down the excess annual leave. Complete all requested information on this form and forward to the Director of Human Resources of your facility.

DATE: _____

EMPLOYEE'S NAME: _____ EMPLID#: _____ TITLE: _____

DEPARTMENT: _____ FACILITY: _____

SUPERVISOR'S NAME: _____ SUPERVISOR'S TITLE: _____

NUMBER OF ANNUAL LEAVE HOURS TO CARRY FORWARD: _____

REASON FOR CARRYOVER AND PLAN FOR REDUCING EXCESS LEAVE: _____

EMPLOYEE SIGNATURE: _____

DEPARTMENT HEAD SIGNATURE: _____

HUMAN RESOURCES DEPARTMENT ONLY

Instructions: Please send approved completed forms to the Timekeeping Manager of your facility. Forms that are not approved should be returned to the Department Head.

APPROVED _____

NOT APPROVED _____

HR DIRECTOR: _____ DATE: _____

SPECIAL INSTRUCTIONS: USE _____ HOURS BY _____