



**CARRYOVER VACATION REQUEST FORM
20__-20__SCHOOL YEAR**

DATE: _____

TO: Superintendent of Schools

FROM: _____
Name (Print) Signature

Title

Location

I am requesting permission to carryover _____ vacation days from my 20__ -20__ allotted vacation days to be used during the 20__-20__ school year.

Reason - Check appropriate box (es):

- Requirements or demands of employment as required by the Superintendent of Schools
- Unforeseen extraordinary circumstances related to:
 - Personal Injury
 - Family Medical Leave Act (FMLA) or New Jersey Family Leave Act (NJFLA)
 - Workers Compensation/on-the-job injury

Explanation:

APPROVED BY:

(Immediate Supervisor) Date

(Assistant Superintendent/School Business Administrator/Chief of Operations) Date

(Superintendent of Schools) Date

Xc: Human Resources

Created: June 5, 2014
 First Reading: June 23, 2014
 Second Reading: July 30, 2014
 Adopted: July 30, 2014
 First Reading: November 3, 2016
 Second Reading: November 21, 2016
 Readopted: November 21, 2016