

**CITY OF WHITING
VACATION CARRY OVER FORM**

Instructions:

This form must be completed in its entirety whenever the employee is requesting to carry over unused vacation time from the current year to the next. The employee must complete and sign Section 1 before presenting the form to their supervisor who must then complete Section 2.

SECTION 1: TO BE COMPLETED BY THE EMPLOYEE

Date:

Employee name:

Department:

Number of unused days for carry over:

Employee signature:

SECTION 2: TO BE COMPLETED BY THE SUPERVISOR

Number of days verified for carry over:

Number of days approved for carry over:

Total number of vacation days:

Year:

Supervisor's signature:

Date:

Distribution: Original – Clerk-Treasurer's Office; Personnel File
 1 Copy – Payroll Clerk
 1 Copy – Employee
 1 Copy – Supervisor