

Appendix 25
TOWN OF ROWLEY
Vacation Carry-Over Request Form

Employee Name: _____

Title: _____

Non-union / Police Union / Fire Union / AFSCME Union: _____

Anniversary Date: _____

Hours worked per week: _____

Current year vacation accrual (hours): _____

Vacation hours to be carried over: _____

Why vacation wasn't used / Plan to use vacation:

APPROVALS:

Accountant's signature to certify hours:

Signature *Date*

Approval of Supervisor:

Signature *Date*

Approval of Personnel Officer:

Signature *Date*

Approval of Personnel Advisory Committee:

Vote *Date*