## **Appendix 25**

## TOWN OF ROWLEY Vacation Carry-Over Request Form

Employee Name:		
Title:		
Non-union / Police Union / Fire Union / AFS	CME Union:	
Anniversary Date:		
Hours worked per week:		
Current year vacation accrual (hours):	<del></del>	
Vacation hours to be carried over:		
Why vacation wasn't used / Plan to use vaca	ation:	
APPROVALS:		
APPROVALS: Accountant's signature to certify hours:	<u>.</u>	
		Date
	Signature	Date
Accountant's signature to certify hours:	Signature Signature	Date Date
Accountant's signature to certify hours:  Approval of Supervisor:		
Accountant's signature to certify hours:		
Accountant's signature to certify hours:  Approval of Supervisor:	Signature Signature	Date

Approved by Personnel Advisory Committee February 23, 2022, REVISED November 9, 2022