The University of Scranton Human Resource Department Vacation Carry OverRequest Form

This vacation carry overrequest form must be completed if amployee is requesting to carrower more than 5 vacation days.

The University of Scranton vacation policyrovides forautomatic carryover of five (5) days or less of vacation time for one year. Carryover vacation time beyond five days requires approvall they supervisor and Human Resources. Vacation carryover is limited to the unused vacation time accrued during tituer ent year. 7 K H P S O R \ H H ¶ V V X S H U Y L V RPUX 100/05 S UNRXXPLID (00 AND HEVER CX IT VEV) FOR IT VET VET VALUE TO VALUE OF VALUE

Once this formhas been submitted to Human Resources the Supervisor is responsible for reporting any changes in this agreement Houman Resources Additional vacation amounts used between the date of signature on the and December 1, 202 willimpact the roll-over amount for 202.



(This number does not include the automatic carryover of 5 days)	•
Employee Signature:	
Approval:	