



Town of Ashland, Massachusetts

101 Main Street, 01721-1191

For more information please visit us at www.ashlandmass.com

VACATION CARRY OVER REQUEST FORM

Employee Name: _____ Today's Date _____

Department: _____ Employee ID _____

	Total Hours
1. Current available balance (If unsure, please check with Kathy, Ext. 7107)	_____
2. Amount planning to use by June 30, 2021	_____
3. Amount allowed to carry-over by default (Please see your respective CBA and/or confirm with Kathy)	_____
4. Vacation time remaining beyond the carry-over amount (Subtract Line 2 & 3 from Line 1)	_____
5. REQUESTED AMOUNT FOR <u>ADDITIONAL</u> CARRY-OVER (Do not include the default carry-over amount on line 3)	<input style="width: 100px; height: 20px;" type="text"/>

Reason for Carry-Over beyond allowed amount:

**ALL FORMS MUST BE RECEIVED BY THE HUMAN RESOURCES
DEPARTMENT NO LATER THAN JUNE 18TH**

Employee Signature: _____ Date: _____

APPROVALS:

Department Head: _____ Date: _____

HR Director: _____ Date: _____

APPROVED ADDITIONAL CARRY-OVER HOURS: