

Request for Vacation Carryover

Employee Name:		Department:		For the Year:
		Total Requested Vacation Hours	Vacation Hours in Days	After request approval, # of Vacation Hours remain:
Please Provide Scheduled Vacation Days to use carry forward (if available):				
Start Date	End Date			
Reason for Carryover:				
Please note: Department He	ead and Human Resources ap	<mark>proval</mark> is required to use	any earned vacation	carry-forward.
Employee Signature &	Date			
Signature			Date	
Supervisor				
Supervisor/Manager/Director Signature			te e	
Human Resources App	roval			
Human Resources Signature				

Please submit via e-mail to Human Resources. hr.stmikes@utoronto.ca

^{**} Vacation time is not accumulative from year to year. All vacation must be taken between January 1 and December 31. Please refer to union Collective Agreements or Employee Policy Manual.