VACATION CARRY-OVER REQUEST
12 - Month Employee

This form is to be submitted to the SECC Office of Education by July 12, 2011.

Employee Name: _____

School Name: _____

Accruing at:
_____ 0 to 4 years of service = 10 days
_____ 5 to 8 years of service = 15 days
_____ 9+ years of service = 20 days

I would like to request to carry-over _____ days for next school year.

_____
Signature of Employee

_____
Signature of Principal

Unused vacation time may be carried over, if the following criteria are met:

a. *The total vacation bank can never exceed 150% of the new school year's rate of accrual. The entire new year's accrual is counted in this calculation. If the carryover is more than half the new school year's accrual rate, the accrual rate is adjusted downward to come within the 150% maximum. 150% of the new school year's accrual rate may be carried forward, but if a full 150% is carried forward, no additional accrual occurs during the new year.*

b. *A written request is approved. The principal approves the request for school employees. The conference Superintendent of Schools approves the request for the principal.*

FOR OFFICE USE ONLY:

_____ Approved _____ Not Approved

Summary

Days carry over	_____ days
Maximum available to earn	_____ days
Vacation days used	_____ days
Closing vacation bank	_____ days

_____ _____
Signature of the Superintendent of Schools Date

Distribution: ❒ Office of Education ❒ School ❒ Employee