

CITY OF MIAMI SPRINGS



REQUEST TO CARRY OVER VACATION LEAVE HOURS

EMPLOYEE NAME: _____ DATE: _____

DEPARTMENT: _____ POSITION TITLE: _____

REQUEST TO CARRY OVER FROM YEAR 20____ TO 20____

END OF YEAR VACATION LEAVE BALANCE: _____

LEAVE HOURS TO BE CARRIED OVER: _____

EMPLOYEE SIGNATURE: _____

PLEASE SUBMIT THIS FORM TO THE HR DEPARTMENT FOR PROCESSING

APPROVALS	
PAYROLL:	
CITY MANAGER OR HR DIRECTOR:	