

TOWN OF MANCHESTER, CONNECTICUT
HUMAN RESOURCES DEPARTMENT

REQUEST TO CARRY OVER ANNUAL LEAVE DAYS – BATTALION CHIEFS, DEPUTY FIRE MARSHAL & FIRE MARSHAL

Name: _____ Department: _____

Position Title: _____ Union: _____

Please state number of days requested and reason for request (see reverse for guidelines):

Employee Signature: _____ Date: _____

To Be Signed By Department/Division Head

_____ I feel this request should be granted.
_____ I do not feel this request should be granted.
(If denied, please give reason(s) below.)

Signature of Department/Division Head Date

Comments: _____

To Be Completed By Human Resources Department

Our records indicate that the employee has _____ days annual leave/vacation accumulated as of _____ .

Director of Administrative Services Date

Recommendation: _____

To Be Completed By General Manager

This request: _____ has been approved _____ has not been approved.

Comments: _____

Carryover Requirements per Agreement/Overview

Article VIII, (F) - carryover up to 15 days with General Manager's approval for Day Officers, up to 12 days for Shift Officers.
Buyback - Day Officers: up to 7 days; Shift Officers: up to 5 days.