

TOWN OF MANCHESTER, CONNECTICUT  
HUMAN RESOURCES DEPARTMENT

**REQUEST TO CARRY OVER ANNUAL LEAVE DAYS - UNAFFILIATED EMPLOYEES**

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SEND COMPLETED FORM TO THE HUMAN RESOURCES DEPARTMENT BY THURSDAY, NOVEMBER 8, 2018.**

## **Carryover Requirements per Agreement/Overview**

Unaffiliated: Article VII, (F) - carryover up to 15 days with General Manager's approval.  
Buyback - Dept/Div Heads: up to 7 days; Other: up to 5 days.