



TOWN OF ROCKY HILL
761 Old Main Street, Rocky Hill, CT 06067
www.rockyhillct.gov
REQUEST TO CARRY OVER UNUSED TIME
(Rev. 03/04/22)

Today's Date: _____

Employee Name Employee Number

Department Position Union

How many *vacation* hours would you like to carry-over? _____

Reason for Request: _____

This time is to be used no later than: _____

I understand that if I do not use the carry-over vacation time by the approved date, I will forfeit the time carried over.

Employee Signature Date

APPROVAL

Check one: Approved: _____ Denied: _____

If denied, please provide an explanation why: _____

Form must be signed off by the Direct Supervisor / Department Head before forwarding to the Town Manager.

Direct Supervisor / Department Head Date

Town Manager Date

Received by Payroll on _____ by _____
Date Signature