



**Madison College**  
**Vacation / Non-contract Carryover Request Form**

**Due to Payroll** **6/15/2011**

This form **requires completion** if the below is true (please see the applicable contract for further detailed information)

**Administrative Staff** - less than eight days of carryover requires SUPERVISOR APPROVAL,  
more than 8 days SUPERVISOR / HR DIRECTOR approval.

**FT PSRP** - carrying over more than 5 days with less than 7 years of service,  
more than 8 days if more than 7 years of service, requires SUPERVISOR / HR DIRECTOR approval

**PT PSRP** - Form not required limited to 8 hours of occurrence hours for carryover.

**Employee Name** \_\_\_\_\_

**Department** \_\_\_\_\_

**Employee Type (Underline / circle)**      FT PSRP                      Admin

**TOTAL** Vacation Carryover Days \_\_\_\_\_ FT PSRP

*Please indicate the TOTAL days being carried over, including allowed carryover days per contract.*

**TOTAL** Non-Contract Carryover Days \_\_\_\_\_ Admin

*Please indicate the TOTAL days being carried over, including allowed carryover days per contract.*

**Explanation for carryover and plan of use for the next fiscal year:**

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

Supervisor Approval \_\_\_\_\_

Print Name / Date: \_\_\_\_\_

HR Director Approval \_\_\_\_\_

\_\_\_\_\_  
 Chuck McDowell

**ROUTING:**  
**IF HR Director Approval is required forward completed form to Human Resources.**  
**IF only Supervisor Approval is required forward completed form to Payroll.**