

**TIME CARRY OVER REQUEST FORM
FISCAL YEAR 2023 – 2024**

Name: _____

Date: _____

NUMBER OF DAYS AVAILABLE TO CARRY OVER

JULY 1, 2023 THROUGH JUNE 30, 2024

Requested unused Vacation time as of June 30, 2023 _____

APPROVAL

Supervisor (Department Head)

First Selectman

Date