

**TIME CARRY OVER REQUEST FORM
FISCAL YEAR 2024 – 2025**

Name: _____

Date: _____

NUMBER OF DAYS AVAILABLE TO CARRY OVER

JULY 1, 2024 THROUGH JUNE 30, 2025

Requested unused Vacation time as of June 30, 2024 _____

APPROVAL

Supervisor (Department Head)

First Selectman

Date