

**TOWN OF NATICK  
VACATION CARRY-OVER REQUEST FORM  
FISCAL YEAR ENDING JUNE 30, 2008**

EMPLOYEE NAME \_\_\_\_\_

DATE \_\_\_\_\_

SECTION A

Total  
Days

1) Total vacation days approved for carry-over from prior fiscal year  
(Attach approval letter) \_\_\_\_\_

2) Vacation time earned in current fiscal year \_\_\_\_\_

TOTAL VACATION AVAILABLE IN CURRENT FISCAL YEAR \_\_\_\_\_

SECTION B

1) Total vacation days used to date this fiscal year  
(Attach copy of latest pay stub or Employee Accrual Report) \_\_\_\_\_

2) Vacation time requested for carry-over:  
(Five days or less) \_\_\_\_\_  
**Reason for carryover:**

3) Vacation time left to be used by June 30th of this fiscal year \_\_\_\_\_

TOTAL VACATION USED OR CARRIED FORWARD \_\_\_\_\_

**NOTE: SECTIONS A & B TOTALS MUST EQUAL!**

EMPLOYEE SIGNATURE:

\_\_\_\_\_

DEPARTMENT HEAD APPROVAL (signature)

\_\_\_\_\_

TOWN ADMINISTRATOR APPROVAL (signature)

\_\_\_\_\_

CC: Employee  
Personnel file

Department Head  
Payroll