



## Classified Authorization to Carry Over Vacation Time

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*Due to extraordinary circumstances, classified employees may request agency approval to carry more than ten (10) days of vacation leave into the next calendar year by submitting the following request:*

**Name of Employee:**

**Date:**

**Employee Number:**

**Bargaining Unit:**

**Job Title:**

**Department:**

**Total Number of Hours to be carried over:**

(as reflected in the accompanying correspondence)

**Briefly described below are the circumstances which prevented me from using the required number of vacation days:**

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Employee Signature

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Date

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Supervisor or Dean/Dept. Head Signature

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Date

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Approved, Office of Faculty & Staff Labor Relations

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Date

*Your department will direct the form to LABOR RELATIONS, laborrelations@uconn.edu for final approval. Payroll will contact you or your timekeeper and supervisor when approved vacation carryover time is reinstated.*