CITY OF CHICAGO
DEPARTMENT OF HUMAN RESOURCES
VACATION CARRYOVER REQUEST

DATE: _____

YEAR FROM _____ TO _____ DEPARTMENT POLICE _____

NAME: _____ TITLE: DETENTION AIDE _____ EMPLOYEE NUMBER _____

DIVISION: _____ NO. OF YRS CONTINUOUS SERVICE _____ AMT. 20_____ VAC UNUSED _____

BARGAINING UNIT (CHECK ONE)

☐ EXCLUDED

☐ OTHER, SPECIFY _____

I hereby apply for _____ days of 20_____ vacation leave to be carried over to 20_____ .

The reason is _____

_____

NOTE: Your vacation days earned as a result of your service from the previous year must be used in the year they are due, or, if approved, in the following year. If they are not used during this period, they will be forfeited.

This form is to be used by non-bargaining unit employees and those bargaining unit employees denied vacation by their employers.
I certify that the time entry is correct.

_____
Department Timekeeper

_____
Employee Signature

APPROVED:

_____
Division Head

_____
Department Head

(PER 93)

Upon approval submit to the Department of Human Resources