

**MADISON METROPOLITAN SCHOOL DISTRICT
CUSTODIANS / TRADES
VACATION CARRY OVER REQUEST**

Date: _____

Please Print

NAME: _____

b#: b _____

LOCATION: _____

JOB TITLE: _____

BEFORE COMPLETING THE FOLLOWING SECTIONS, PLEASE CONSULT THE MMSD HANDBOOK FOR YOUR RIGHTS AND BENEFITS CONCERNING VACATION CARRY OVER.

VACATION CARRYOVER:

Less than 10 Years of Service	5 VA days and 5 PI days
At least 10 less but less than 20yrs	10 max to PI (VAC C/O IS OPTIONAL)
At least 20 but less than 25 yrs	15 days to PI (VAC C/O IS OPTIONAL)
At least 25 years of service	20 days to PI (VAC C/O IS OPTIONAL)

I hereby request _____ days/hours of vacation that was earned this year to be
(number of days/hours, 5 days maximum)
carried over until next year.

SICK LEAVE CONVERSION: 5 DAYS MUST BE CARRIED OVER TO VACATION PRIOR TO CONVERTING ANY DAYS TO SICK LEAVE, IF YOU HAVE LESS THAN TEN YEARS OF SERVICE

I hereby request _____ days/hours of vacation that was earned this year to be
(number of days/hours)
deposited into my personal sick leave account.

DEADLINES	APPLY BY	USE BY
Custodians	Dec 10	June 1
Trades	Dec 10	June 1

Employee's Signature

Supervisor's Signature

****IF THIS FORM IS NOT RETURNED BY DEADLINE, ALL VACATION TIME WILL BE DISBURSED AS FOLLOWS:
FIRST 40 HOURS TO VACATION CARRY-OVER, AND UP TO 40 HOURS DEPOSITED TO YOUR PI ACCOUNT**

RETURN A COPY TO PAYROLL