

**LONG BEACH PUBLIC SCHOOLS  
REQUEST FOR CARRYOVER OF VACATION DAYS GROUP C**

Date \_\_\_\_\_

Employee Name \_\_\_\_\_  
Please Print

Department/Office \_\_\_\_\_

Number of days to be carried over (maximum 5 days) \_\_\_\_\_

Year days must be used 2016 / 2017

Any days carried over must be used during the 2016/2017 school year or they will be deleted from your vacation bank.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Days carried over on  
Finance Manager

\_\_\_\_\_  
Confidential Senior Keyboard Specialist

\_\_\_\_\_  
Date

Days verified on  
Finance Manager

\_\_\_\_\_  
Senior Personnel Clerk

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrative Assistant

\_\_\_\_\_  
Date

Please submit to Susannah Familetti at Administration no later than July 1st or the days will not rollover.