



St. Mary's General Hospital

REQUEST FOR CARRY OVER – 2020 (FT/PT Union Employees)

TO BE COMPLETED BY EMPLOYEE

EMPLOYEE NAME: _____ DEPT: _____

POSITION TITLE: _____

UNION STATUS (CIRCLE ONE): JNESO RN JNESO TECH

Status: (Circle One) FT PT Shift: (Circle One) 1 2 3

INDICATE # HOURS REQUESTED FOR CARRY OVER: _____ VACATION

REASON FOR CARRY OVER– INCLUDE DATES, DATES OF DENIALS AND SUPPORTING DOCUMENTATION. COPIES OF DENIED REQUESTS MUST BE ATTACHED - NOTE: APPROVALS WILL NOT BE GRANTED WITH THEM. IF YOUR INITIAL REQUEST WAS MADE DURING PRIME-TIME VACATION PERIOD(S) AND/OR SHORTLY BEFORE THE DAYS REQUESTED, YOUR CARRYOVER REQUEST WILL NOT BE APPROVED.

I understand that my submittal of this request does not guarantee approval.

EMPLOYEE SIGNATURE DATE

TO BE COMPLETED BY DEPARTMENT HEAD/DIRECTOR/MANAGER/SUPERVISOR

APPROVED (SPECIFY NUMBER OF HOURS APPROVED) _____ HOURS

NOT APPROVED (SPECIFY NUMBER OF HOURS NOT APPROVED) _____ HOURS

REASON: _____

PRINT NAME, SIGN AND DATE: _____

DEPARTMENT HEAD/DIRECTOR/MANAGER/SUPERVISOR
DATE

Please wait to do the approvals/disapprovals after the benefit year is completed and the last pay period has passed. This will ensure all benefit time used and accrued has been captured. Thank you.