City of Hamilton
BUTLER COUNTY OHIO

Vacation Leave Carryover Form

Today's Date [_____]

Employee Name [_____]   Department [_____]

Please choose one option below and enter leave hours:

I am requesting to carry over vacation leave in excess of 40 hours for:

○ Non-recurring projects

○ Staff Shortages

○ A result of illness   Total Hours of Vacation Leave [_____]

○ A result of vacancies or other exceptional work schedule demands

Please provide a detailed description of reason chosen below

[   ]

☐ I have read and understand Administrative Directive #322 regarding Vacation Leave Carryover

Appointing Authority

[_____]

Date [_____]

City Manager

[_____]

Date [_____]