



CITY OF NAPOLEON VACATION CARRY OVER & CASH OUT FORM

Employee Information

Name:			Date:	
	First	Last		
Department:		Position Title:		

Vacation Information

Anniversary Date:		Total Hours of Vacation Remaining:	
Number of Vacation Hours Requested to Carry Over:		Number of Vacation Hours Requested to Cash Out:	

Employee Signature:	Date:
Department Head:	Date: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
City Manager:	Date: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

Comments