



Santa Barbara County Education Office
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Service and Leadership • www.sbceo.org

**REQUEST FOR CARRYOVER OF VACATION DAYS (Classified Non-Management)
 or COMPENSATORY TIME (Classified Non-Management)
 or OFF-CONTRACT DAYS (Management)**

From Fiscal Year ____/____	Vacation balance _____
Employee _____	Compensatory Time _____
Department _____	Off-Contract balance _____
Position _____	Total requested _____ (days/hours)

Reason for requested carry-over: _____

Employee signature _____ Date _____

APPROVAL: Classified Non-Management Employee

 Supervisor Date

 Assistant Superintendent Date

APPROVAL: Management Employee (“Vacation days are to be used during the year in which they are granted, and may not be carried forward into a new fiscal year without the express approval of the County Superintendent.” AR 5013)

 Assistant Superintendent Date

 County Superintendent Date

Submit completed form by the 2nd Friday in June as follows:
Classified non-management employees, submit to Payroll Supervisor, Fiscal Services
Classified management employees, submit to Director, Classified Human Resources
Certificated management employees, submit to Assistant Superintendent, Human Resources