

Request for Carryover of Annual Vacation (Non-Union)

This form applies if you are a **non-union** employee requesting to carry over more than five (5) days of vacation time into the next vacation year.

Note: Vacation carryover requests **exceeding five (5) days** is only allowed if you are working on extended major projects or have extraordinary circumstances.

Email this form to: VacCarryover@sharedhealthmb.ca

Request Information	
Employee Name	
Employee ID Number	
Program / Unit Name	
Days / Hours to Carry Over	
Reason Details (Provide the reason for the request and when you will schedule the vacation time)	
Approvals* (The following personnel must sign and date this form)	
<p>Employee _____</p> <p>Date _____</p> <p>Manager _____</p> <p>Date _____</p> <p>Director / Lead _____</p> <p>Date _____</p> <p>Chief Financial Officer _____</p> <p>Date _____</p>	

*By returning this form from your email account, you are confirming your signature