

Academic Vacation	Carryove	r Approval Foi	m		
Employee Details					
Full Name:			EMPLID:		
Department:			Academic Year:		
As per article 15.01 of the block of vacation (43 daddetermined by the Colleg	ays) each a	cademic year (S	eptember 1 – August		
In exceptional circumstar their scheduled vacation August 31 (the end of the	period. If the	nis applies, emplo	yees must work with the	heir Cha	ir/Supervisor before
Vacation carryover may been assigned by the Academic Experience of the following academic years	e Chair/Sup AVP, Stude	pervisor. Such	carryover must be	approv	ved by the EVP,
Dates of Work	es of Work Description of Work				Chair/Supervisor Assigned
		Total Reque	ested Carryover Vaca	tion Day	/s:
Employee Signature:				Date:	
To be Completed by Si	upervisor				
Approved					
Denied					
Supervisor Signature:				Date	
To be Completed by E	/P, Academ	nic Experience o	r AVP, Student Exper	rience	
Approved					
Denied					

This form must be routed as follows: Employee > Chair/Supervisor > E/AVP > benefits@flemingcollege.ca

Date

E/AVP Signature: