**Simsbury Public Schools**

**PTO Carry-Over Request Form**

***Unaffiliated Employees only***

***Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

This form is required for **Unaffiliated** employees requesting PTO carryover ***in excess*** ***of 5 days*** beyond the current fiscal year.

For **Unaffiliated** employees with PTO carryover of ***5 days or less***, this request form is ***not*** required.

**TIMEFRAME FOR SUBMISSION IS BETWEEN JUNE 15TH AND JUNE 30TH.**

Please obtain the required signatures below and submit to Terri Heintz, Payroll/Benefits Coordinator, theintz@simsbury.k12.ct.us, no later than **June 30th.**

|  |  |
| --- | --- |
| ***Number of Days to Carryover\* (if 5 days or less, this form is not required)*** |  |
|  |  |  |
| ***SCHOOL PERSONNEL*** | ***SIGNATURES*** | ***DATE*** |
| ***Employee*** |  |  |
| ***Supervisor/Building Principal***  |  |  |
| ***Business Manager*** |  |  |

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| --- |
| ***Reason for Request:***\* Please explain the special circumstances necessitating this carry-over request  |
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|  |
|  |  |  |
| ***Review/Verification by Payroll / Benefits Coordinator*** | ***SIGNATURE*** | ***DATE*** |