



**LAKE REGION CONFERENCE OF SEVENTH-DAY ADVENTISTS  
VACATION CARRY-OVER ACCOUNTING FORM  
(Year-end \_\_\_\_\_)**

Please complete the following information

Employee's Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Annual Vacation Weeks Earned to date: \_\_\_\_\_

Number of Vacation Weeks Taken or will take this year: \_\_\_\_\_

Number of Vacation Weeks to be carried over: \_\_\_\_\_

(You can only carry over ½ the number of weeks you earned in a year.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*This form **MUST** be completed and returned to the Treasury Department.

\*This request is necessary for accounting purposes and is an official document of the Treasury Departmental Records.

**Vacation time earned:**

1-4 years	2 weeks
5-9 years	3 weeks
After 9 years	4 weeks