

Vacation Pay Request

Name: _____
(Please print)

Date: _____

Department: Home Care Contract Hourly/Per Diem Home Care
 Children's Program PDD Administration

REQUESTED VACATION PAY AMOUNT (e.g., all, or \$ amount of vacation accrual you wish to access)

Requested Vacation Pay Amount: \$ _____

Requested Payroll Payout Date: _____

Staff Signature

Phone Number

For Office Use Only:

Payroll Authorization

Employee Number

Date

