



VACATION PAY REQUEST

I, _____, am requesting payment for earned vacation hours

as listed below:

NUMBER OF HOURS TO BE PAID: _____

MONTH TO BE PAID: _____, 20__

Employee ID

Employee Signature

Date

Supervisor's Signature

Date

Hours verified by Benefits Department and deducted from leave balance.

Initial

Date

For Payroll Office Use Only

Grade: _____ Step: _____ Pay Cycle: M _____

Time	Unit	Type	Rate	Leave Amount
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_____	D or H	Vac	\$ _____	\$ _____
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Expense Distribution

Position	E/R	or	Budget Number
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_____	_____		_____
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_____	_____		_____
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Entered By: _____ Date: _____