VACATION DAY(S) CASH IN REQUEST FORM

Date: _____

PLEASE PRINT

Name: _____   Location: _____

Employee ID #: _____   Position: _____

Employee Group: BENTE   ASAR   ASAR Civil Service   SEG

# of Days Cashing In: _____   Pay Date Requested: _____

(Please check Payroll Calendar for cut-off dates.)

I hereby confirm that, to the best of my knowledge, the number of days cashing in does not exceed the maximum allowed as per my contract or the number available.

_____   Date: _____
Signature of Employee

For Payroll Use Only:

Date Received: _____   Date Processed: _____

Calculation: _____