Click here to clear form

Vacation Request

Compa	any: _							Term	ninal/Sh	iop/Plant	: No			Date:					
Name:	·	Lá	ast		Fir	st		Middl	e	-	Emp	loyee	I.D. No.						
Classification:																			
Employ	Late request, pay in first pay period after receipt of request. Time of Date Date THE REMAINDER OF THIS FORM IS FOR PAYR This vacation request is: Approved Declined Remarks/Re											Approval Signature Date ROLL DEPARTMENT USE ONLY							
		Но	ourly Em	ployee	s Co	mput	ation				Road Driver Computation								
Mo. `	Yr. Earnings			Wee	kly Vaca	ount	Mo. `	Yr.	Tours	Earni	ings	× Tours	5 =	Dail	y Avg.				
Total				÷ 52	÷ 52 =										× Days	5 =	Weekly Pa	y	
	 		v Pat	1											÷ 52		1/52 Dollar	s	
Hours: × Rate: =														÷ 52					
Co.	Date Paid (Week ending)															IТ			
HOURLY EMPLOYEES VACATION PAYMENT Year Vacation Time Off Vac.												none		/ER VACAT Year		Pay			
Earned	i Wk	ks. From			Thru		Bal. Due Hou		Do	ollars	Cents		Date	Vac.	Earned	Doll	-	Cents	
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REMARKS