



# 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: \_\_\_\_\_