



701 – 12 Ave NE
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VACATION PAY REQUEST

EMPLOYEE NAME: _____

PLEASE CHOOSE ONE OF THE FOLLOWING:

- I would like _____ day(s) vacation pay.
- I would like _____ hour(s) vacation pay.
- I would like \$_____ of my vacation pay.
- I would like **all** of my accumulated vacation pay.

For Vacation Date(s): _____

EMPLOYEE SIGNATURE: _____ DATE: _____