

Emergency - Hardship
REQUEST FOR VACATION PAYMENT

- ◆ Signature of Department Director is required.
- ◆ Send this form to the Payroll Department **2 weeks** prior to the date the payment is requesting to be issued. If it is not received 2 weeks prior, payroll will not be responsible for ensuring the payment is issued on the requested date.
- ◆ Payroll will verify information. You must have adequate accrued vacation leave to cover the amount of the payment requested.
- ◆ Form will go to the City Manager for approval.
- ◆ This is a liquidation of your accrued vacation leave.

Employee Name: _____ **Employee ID#** _____

Department: _____

I request an emergency payment of _____ hours or the amount of \$_____ for the pay date of _____ in addition to my regular payroll net pay by way of vacation hours.
(Regular pay date)

Please state the emergency or hardship situation necessitating the vacation payment:

Employee Signature **Date** **Department Director Signature** **Date**

Comments:

City Manager or Airport Executive Director Signature **Date**

FOR PAYROLL USE ONLY

Number of accrued vacation hour's available _____
Date Received _____
Revised Vacation Balance _____ (hours)
Paycheck processed _____