

EMPLOYEE LAST NAME													

FIRST NAME							

LVL 2	

EMPLOYEE NUMBER									
0									

HOME BASE					
0	0				

MAIL CODE			

FIRST DAY VACATION					
M	M	D	D	Y	Y

LAST DAY VACATION					
M	M	D	D	Y	Y

DATE CHECK NEEDED					
M	M	D	D	Y	Y

INSTRUCTIONS FOR ENTERING VACATION HOURS:

- USE A SEPARATE LINE FOR EACH WEEK OF PREPAID VACATION
- EACH LINE MUST BE FOR A FULL WEEK/PARTIAL WEEKS CAN NOT BE PREPAID
- ENTIRE WEEK MUST BE CODED AS VACATION
- DO NOT CHANGE PREPRINTED INFORMATION OR WRITE IN SHADED AREAS
- EACH LINE WILL PRODUCE A SEPARATE CHECK WITH ALL NORMAL DEDUCTIONS INCLUDING DIRECT DEPOSIT
- DO NOT ATTEMPT TO PAY ANY OTHER HOURS FOR A WEEK THAT HAS BEEN PREPAID WITH THIS FORM - THIS WILL RESULT IN DUPLICATE BENEFIT DEDUCTIONS FROM THE SUPPLEMENTAL CHECK

CODE	VAC HOURS-WK 1	CY	DOE	H	FUND-UNIT	DEPARTMENT	OBJECT CODE	WEEKS WORKED
V   6	0   0   0		B   V	1	0   0	0	0   9   0	0   1   .   0   0

CODE	VAC HOURS-WK 2	CY	DOE	H	FUND-UNIT	DEPARTMENT	OBJECT CODE	WEEKS WORKED
V   6	0   0   0		B   V	1	0   0	0	0   9   0	0   1   .   0   0

CODE	VAC HOURS-WK 3	CY	DOE	H	FUND-UNIT	DEPARTMENT	OBJECT CODE	WEEKS WORKED
V   6	0   0   0		B   V	1	0   0	0	0   9   0	0   1   .   0   0

CODE	VAC HOURS-WK 4	CY	DOE	H	FUND-UNIT	DEPARTMENT	OBJECT CODE	WEEKS WORKED
V   6	0   0   0		B   V	1	0   0	0	0   9   0	0   1   .   0   0

THIS FORM IS NOT INTENDED FOR PAYING A TERMINATING EMPLOYEE'S ACCRUED VACATION HOURS WHICH MUST BE PAID VIA FINAL TURNAROUND

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_