



Please complete either Section A or Section B, not both. If you have completed Section A, send the form to your Coordinator(s). If you have completed Section B, send the form to Payroll. Do not cut this form in half.

A. VACATION TIME REQUEST – TO BE SENT DIRECTLY TO COORDINATOR

****PLEASE ATTACH A TIMESHEET SHOWING THE DAILY BREAKDOWN OF VACATION HOURS REQUESTED INCLUDING THE MEMBER YOU WOULD HAVE WORKED WITH.**

Employee Name: _____

Coordinator Name(s): _____

Vacation Start Date: _____
(First day of vacation)

Vacation End Date: _____
(Last day of vacation)

Number of Hours to be Paid: _____

Is this a Change of Vacation Request for a time that has already been approved?

Yes _____ No _____

By signing and submitting this form, I understand that this form must be approved prior to vacation being taken in accordance with SSG's policies and procedures.

Coordinator(s) Signatures Date **Approved** _____ **Not Approved** _____

B. VACATION PAY REQUEST – TO BE SENT DIRECTLY TO PAYROLL

Employee Name: _____

Coordinator Name(s): _____

Amount of Vacation Pay Requested: _____

Date Funds Required: _____

By signing and submitting this form, I understand that I am requesting to have my vacation monies paid to me. I agree and understand that, as per SSG's policies and procedures, I may be required to take vacation time without any vacation pay.

Employee Signature Date Payroll Signature