

**WALNUT VALLEY UNIFIED SCHOOL DISTRICT
REQUEST FOR PAYMENT OF VACATION TIME**

NAME: _____ SSN/EID: _____

TITLE: _____ SITE: _____

NUMBER OF HOURS TO BE COMPENSATED: _____ (Circle answer)
Banked Furlough Days? YES / NO

EMPLOYEE SIGNATURE DATE

MANAGER APPROVAL: DATE

PAYROLL DEPARTMENT VERIFICATION

NUMBER OF LOST HOURS _____ PAYROLL SIGNATURE _____
CURRENT VACATION BALANCE: _____

HUMAN RESOURCES APPROVAL

ASSISTANT SUPT OF H.R. DATE

PAYROLL DEPARTMENT PROCESSING

DATE OF PAYMENT: _____ SCHEDULE: _____

PAYROLL SIGNATURE DATE