



First Choice In-Home Care

Form No. 1085

Vacation Time Request And Approval Form

Employee Name:

Date:

Are you requesting Vacation Time Off or a Cash Out of Vacation Hours Earned (please check the appropriate box):

Vacation Time Off

Total Hours Available:

Total Hours Requested:

From Date:

Through Date:

Employee Signature:

Supervisor's Approval Signature:

Payroll Manager:

Vacation Hours Available: _____

Vacation Hours Paid: _____

Vacation Hours Remaining: _____

As of: _____

Processed Vacation Payroll Check

Filed Form 1085 in Employee File

Payroll Manager Signature:

Cash Out of Vacation Hours Earned

Total Hours Available:

Total Hours Requested:

Employee Signature:

Payroll Manager:

Vacation Hours Available: _____

Vacation Hours Paid: _____

Vacation Hours Remaining: _____

As of: _____

Processed Vacation Payroll Check

Filed Form 1085 in Employee File

Payroll Manager Signature:

Notes:

Vacation Time Off payroll checks are paid during the normal payroll cycle - on the 7th day of each month.

For Cash Outs of Vacation Hours Earned please allow 10 business days for processing.

If you have any questions please contact Dyjen Collins, Administration and Payroll Manager at 425-747-5000. You may fax your completed Vacation Request Form to Dyjen Collins at 425-562-2537.