



**DU PAGE COUNTY
REQUEST FOR PAYMENT OF EARNED VACATION**

***This form must be submitted to the Human Resources Department no later than ten (10) days prior the requested pay date. If submitted later than ten (10) days, it will be processed on the next paycheck.

Employee Name: _____ Employee #: _____

Employment Date: _____ Department: _____

I, _____, authorize DuPage County to payout the vacation hours
(print name)

as stated below:

Total number of hours requested for payout, in full day increments, per policy: _____

(After five (5) years of service, a maximum of five (5) days, one time per calendar year may be requested.

After fifteen (15) years of service, a maximum of ten (10) days, one time per calendar year may be requested)

Pay Date Requested for Payout: _____

Employee Signature

Date

Supervisor Signature

Date

PAYROLL DIVISION USE ONLY

Current Vacation Balance	Hours
Vacation Hours Sold	Hours
New Vacation Balance	Hours

Entered By

Date