

**Emergency - Hardship**  
**REQUEST FOR VACATION PAYMENT**

- ◆ Signature of Department Director is required.
- ◆ Send this form to the Payroll Department **2 weeks** prior to the date the payment is requesting to be issued. If it is not received 2 weeks prior, payroll will not be responsible for ensuring the payment is issued on the requested date.
- ◆ Payroll will verify information. You must have adequate accrued vacation leave to cover the amount of the payment requested.
- ◆ Form will go to the City Manager for approval.
- ◆ This is a liquidation of your accrued vacation leave.

**Employee Name:** \_\_\_\_\_ **Employee ID#** \_\_\_\_\_

**Department:** \_\_\_\_\_

I request an emergency payment in the amount of \$ \_\_\_\_\_ for the pay date of \_\_\_\_\_ or in additional  
to my regular payroll check by way of vacation hours. (Regular pay date)

**Please state the emergency or hardship situation necessitating the vacation payment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Department Director Signature**

\_\_\_\_\_  
**Date**

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**City Manager or Airport Executive Director Signature**

\_\_\_\_\_  
**Date**

**FOR PAYROLL USE ONLY**

Number of accrued vacation hour's available \_\_\_\_\_

Date Received \_\_\_\_\_

Revised Vacation Balance \_\_\_\_\_ (hours)

Paycheck processed \_\_\_\_\_