



DOUGLAS COUNTY BOARD OF COMMISSIONERS

PERSONNEL/HUMAN RESOURCES DEPARTMENT

RAYMOND D. MARTIN
Human Resources Director

EMPLOYEE REQUEST FOR EMERGENCY PAY IN LIEU OF VACATION

PLEASE PRINT CLEARLY

Employee Name

Employee Number

Department Name

Department Number

I do hereby request payment for * _____ hours of pay in lieu of vacation.

*Limited to two weeks per calendar year (Sec. 13-124 of Merit System).

Reason: _____

(Please attach copies of any receipts, bills, or invoices that demonstrate your debt.)

Employee's Signature

Date Requested

Department Head's Signature

Date Approved

Director of Human Resource's Signature

Date Approved

County Administrator's Signature

Date Approved

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Current Vacation Hours Balance: _____ Balance after requested payout: _____

Please note:

ALL REQUESTS ARE SUBJECT TO APPROVAL;
APPLICATION OF REQUEST DOES NOT GUARANTEE APPROVAL.

10/2012

CelebrateDouglasCounty.com

8700 Hospital Drive • Douglasville, GA • Telephone (770) 920-7264 • Fax (770) 920-7371
Persons With Hearing Or Speech Disabilities May Place Their Call Through The Georgia Relay Center
at (800) 255-0056 (Text Telephone) Or (800) 255-0135 (Voice Telephone).