



RAYMOND D. MARTIN
Human Resources Director

DOUGLAS COUNTY BOARD OF COMMISSIONERS

PERSONNEL/HUMAN RESOURCES DEPARTMENT

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