

PSU VACATION REQUEST

I certify that _____ has worked at least 1500 hours for
PSU Field Employee

PSU and is eligible for _____ hours of vacation pay. Vacation hours must be used /paid
within 12 months from this date _____.

Date: _____
PSU Staff Representative

VACATION PAY WITH TIME OFF *(must be taken in 8 hour increments)*

Supervisor's Approval:

The employee named above has permission to be off from work on the following date(s):

Company Name Supervisor's Signature

VACATION PAY WITHOUT TIME OFF

I choose to receive vacation pay instead of taking time off with pay.

Please pay me all or _____ hours (must be taken in 8 hour increments) of my vacation
pay.

Date: _____
PSU Field Employee Signature