



ESSEX COUNTY COLLEGE

VACATION DAY CASH-IN REQUEST

EMPLOYEE MAKING REQUEST (Do Not Detach This Form): ID# _____

NAME: _____ TITLE: _____

UNIT: () Administrative () Other _____

NUMBER OF DAYS REQUESTED FOR CASH-IN: _____ Fiscal Year _____

I hereby certify that I have sufficient days available for requested cash-in and that this is my () initial Request () second request (give reason).

Reason: _____

DATE _____ SIGNATURE _____

HUMAN RESOURCES DEPARTMENT ACTION:

1. Eligible for Cash-in

☐ Yes (Complete Numbers 2-4)

☐ No (Return to Employee)

Reason _____

2. Number of vacation days available as of last day of the month of _____

3. Number of days requested for cash-in _____

4. Balance of vacation days on hand _____

Comments: _____

Verified By _____ Date _____ Authorized By _____ Date _____

GRANTS ACCOUNTING ACTION: Sufficient funds available in the grant

☐ Yes (Transmit to the President)

Verified By _____ Date _____

☐ No (Return to Human Resources Department)

Verified By _____ Date _____

PAYROLL DEPARTMENT ACTION:

The Payroll Department is authorized to pay the number of days shown in No. 3 above.

Approval - President _____ Received By _____

PAYROLL DEPARTMENT ACTION:

1. Original - Payroll

2. Employee

3. File