

Skill Force

Request: Holiday Pay or Vacation Leave

Fax this completed form to 919-465-2322 only.

Name (print): _____

Social Security #: XXX-XX-_____

I request the following (check appropriate box):

- Holiday pay of ___ hours (based on your scheduled daily hours, up to 8) for week ending _____. In order to qualify, I verify that I have met the following requirements: I have worked 1200 hours during the last twelve (12) months, as well as worked the day before a holiday and the next working day after the holiday. **Holiday pay requests should be faxed to 919-465-2322 during the week the holiday occurs.** Paid Holidays are: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.
- Vacation pay of 35 hours (at my average pay rate) for week ending _____. In order to qualify, I verify the following:
- I have met the requirement of 1500 hours worked during the last 12 months.
 - **Vacation requests should be faxed to 919-465-2322.**

Signature

Date

FOR OFFICE USE ONLY					
HHR:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	VHR:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HAS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	VAS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HPR:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
HPO:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			



Phone: 919-465-2299 Fax: 919-465-2322

www.skill-force.com