



Calgary Progressive Lifestyles Foundation

Providing Services for Citizens with DisAbilities

Vacation Pay Request Form

Submitted Date: _____

Last Name: _____ Middle Name: _____ First Name: _____

Vacation Pay in Full: Yes No

Vacation Pay amount being requested:

Employee: _____

Date: _____

Signature

For Internal Use Only

Vacation Pay

Amount Paid Out: \$ _____

Finance: _____

Date: _____

Signature