Vacation Pay Request Form

Submitted date:

First Name:       Middle Name:

Last Name:

Vacation pay in full:  Yes  No

Vacation pay amount being requested: $

Employee Signature Date

**For Internal Use Only**

Vacation pay Amount paid out: $

Finance Signature Date

Kindly send your vacation pay request to [vacationpay@cplf.ca.](mailto:vacationpay@cplf.ca)