

# Monroe Community College

## Request for Payment of Vacation

Name: \_\_\_\_\_ Banner ID# \_\_\_\_\_

In accordance with Article 9, (Vacation Leave) of the agreement between Monroe Community College and the Faculty Association, I hereby request payment in exchange for \_\_\_\_\_ ( ) days of accumulated vacation. I understand that:

- \* My Vacation Leave Bank will be reduced by the number of days for which I am paid.
- \* My rate of pay for the vacation is equal to my rate of pay on August 31, 2018.
- \* My request for vacation pay will not exceed five (5) days, and it must be received in the Controller's office no later than September 21, 2018.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date