



**DU PAGE COUNTY  
REQUEST FOR PAYMENT OF EARNED VACATION**

**\*\*\*Submit this completed form to the home department no later than ten (10) days prior the requested pay date. If submitted later than ten (10) days, it will be processed on the next paycheck.**

Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Employment Date: \_\_\_\_\_ Department: \_\_\_\_\_

I, \_\_\_\_\_, authorize DuPage County to payout the vacation hours  
(print name)

as stated below:

**Total number of hours requested for payout, in full day increments, per policy:** \_\_\_\_\_

*(After five (5) years of service, a maximum of five (5) days, one time per calendar year may be requested.*

*After fifteen (15) years of service, a maximum of ten (10) days, one time per calendar year may be requested)*

**Pay Date Requested for Payout:** \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

CC: Human Resource Department