

East Central BOCES

P.O. Box 910
Limon, CO 80828
719-775-2342

Request for Unused Vacation and Leave Day Payment

Date of request: _____

Name: _____

Position: _____

Explanation: _____

Leave Days Over 50: _____ X _____ \$50.00

Unused Vacation Days: _____ X _____ (per diem) = \$ _____

Code: _____

Code: _____

Number of Vacation Days Deferred: _____

*Differed vacation days must be used by December 31st of this year
or it will be lost and not paid at per diem.*

Applicant Signature: _____

Date: _____

Executive Director Signature: _____

Date: _____

This form needs to be approved and tuned into the payroll department
by June 10th to be paid in June's payroll.