

# COLUMBUS STATE

COMMUNITY COLLEGE

## VACATION PAYOUT FORM Policy No. 3-05 (J)

**Employee Name:**

**Cougar ID #**

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Pursuant to Columbus State Policy No. 3-05 (J), I am submitting this request for pay in lieu of vacation.

I would like to request payout of \_\_\_\_\_ hours (**not to exceed 40**) of my accumulated vacation balance.

I certify that I have completed three (3) years of service, with a hire date of \_\_\_\_\_ and I have taken the prerequisite two (2) weeks of vacation within a rolling 12-month period measured backward from the date the request for pay in lieu of vacation is submitted.

I further certify that I have not requested or received payout for my vacation at any other time in the previous rolling 12-month period. I understand that payment can only be received once per rolling 12-months. Thank you!

**Employee Signature**

**Date**

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As supervisor, I certify to the best of my knowledge that the above named employee,

\_\_\_\_\_, has completed three (3) years of service and has taken two (2) weeks of vacation within the previous rolling 12-month period.

Approved

Not Approved

**Supervisor Signature**

**Date**

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*Supervisor, please submit original to payrolloperations@csc.edu*

Revised 10/2021