

BONUS REQUEST FORM

Vacation-Pay

***Requirements: Work 1,800 STRAIGHT TIME hours, attained within a 50-week consecutive period.
Each bonus type is payable once within a 12-month period; 50-week period restarts after a payout.***

SECTION FOR EMPLOYEE TO COMPLETE:

Employee Name Printed: _____

Employee Signature: _____

Date: _____ Last 4 of SSN: _____

Have you ever received this benefit before? (please circle) YES or NO

(optional) Please indicate the check date when you would like to receive this bonus:

Check Date: _____

SECTION FOR SHANNON STAFFING USE:

Beginning date: _____

Ending date: _____

Total Regular Hours: _____

Any breaks in service? _____

If employee has received this benefit before, when (mm/dd/yyyy)? _____

Eligibility requirements met? (please circle) YES or NO Initials, date: _____