

## BONUS REQUEST FORM

**Vacation-Pay**

**Requirements: Work 1,000 STRAIGHT TIME hours, attained within a 26-week consecutive period.  
Vacation bonus type is payable twice within a 12-month period; 26-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: \_\_\_\_\_

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**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: \_\_\_\_\_