

**ST. LAWRENCE COUNTY  
VACATION PAY OUT**

**EMPLOYEE #** \_\_\_\_\_  
**EMPLOYEE NAME** \_\_\_\_\_  
**DEPARTMENT** \_\_\_\_\_  
**VACATION HOURS** \_\_\_\_\_  
**VACATION AMOUNT** \_\_\_\_\_  
**LAST DAY WORKED** \_\_\_\_\_

*I hereby certify that the above information is correct.*

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

\_\_\_\_\_  
*Date*

*I hereby certify that the time above was earned and authorize payment.*

\_\_\_\_\_  
*Department Head Signature*

\_\_\_\_\_  
*Date*

*Check will be issued on next regular pay date.*

*Please return completed form to the payroll office.*