BAY AREA RAPID TRANSIT DISTRICT

REQUEST FOR VACATION HARDSHIP WITHDRAWAL

This form is utilized when an employee requests for a lump sum vacation hardship withdrawal when out on industrial or disability leave. All requests must be pre-approved by the appropriate Supervisor/Manager. Disability Programs will confirm the employee's current leave status.

I Employee Request – To be completed by employee

I am requesting vacation hardship withdrawal totaling _____hours.

Employee Name (Please print) **Employee ID** **Department**

Employee Signature **Date Signed**

II Supervisor/Manager Approval

I am authorizing vacation hardship withdrawal for above employee totaling _____ hours. The employee has adequate hours to cover the requested number of hours.

Print Name & Job Title **Extension**

Supervisor/Manager Signature **Date Signed**

III For Use by Disability Programs

Last Day Worked: ____/____/____ Last Day of Sick Leave Paid ____/____/____ Current Est. RTW: ____/____/_____

Comments: _____

Disability Programs Representative **Date Received**

IV For Use by Time & Labor

Vacation Hours Authorized Verified by – Time & Labor Representative **Date Verified**

V For Use by Payroll

Vacation Hrs Withdrawn (Adj. Code)

Payroll Department Representative **Process Date** **Date Received**

Mailing Address: BART Disability Programs, 300 Lakeside Drive, 20th Fl., Oakland CA 94612

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