

# REQUEST FOR RULE 68(j) PAYMENT FORM

## EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Sub-Division: \_\_\_\_\_

Position: \_\_\_\_\_

Regular Shift: \_\_\_\_\_

Regular Relief Days: \_\_\_\_\_

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## COVERAGE INFORMATION

First Day of Vacation: \_\_\_\_\_

Last Day of Vacation: \_\_\_\_\_

Date of Holiday: \_\_\_\_\_

Holiday Shift Covered By (Employee Name and Number): \_\_\_\_\_

OR Covered By Vacation Relief Schedule (Indicate Letter): \_\_\_\_\_

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## SIGNATURES

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Foreman Name/Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Name/Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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*Completed form must be submitted to the Office Engineer – Signal in order to receive payment;  
no labor sheet should be submitted.*