REQUEST FOR RULE 68(j) PAYMENT FORM

EMPLOYEE INFORMATION

Employee Name: _____

Employee Number: _____

Sub-Division: _____

Position: _____

Regular Shift: _____

Regular Relief Days: _____

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): _____

SIGNATURES

Employee Signature: _____

Date: _____

Foreman Name/Signature: _____

Date: _____

Supervisor Name/Signature: _____

Date: _____

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