

LONG BEACH PUBLIC SCHOOLS

**ASPPG EMPLOYEES ONLY**

REQUEST FOR PAYMENT IN EXCHANGE FOR VACATION DAYS

I \_\_\_\_\_ request to be paid out for  
\_\_\_\_\_ vacation days (maximum of 10) for the \_\_\_\_\_ school  
year.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Attendance:**

# of days verified & deducted \_\_\_\_\_

\_\_\_\_\_  
Confidential Keyboard Specialist Date

Verify FM changes

\_\_\_\_\_  
Senior Personnel Clerk Date

**Payment:**

# of days \_\_\_\_\_ X 1/220 FTE \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_  
Administrative Assistant Date

\_\_\_\_\_  
Executive Director, Human Resources Date

\_\_\_\_\_  
Business Office Payroll Clerk Date