



Champions of Homecare

FMS Payroll Request Form

Employee Name _____ Employee ID _____

Participant Name _____ Participant ID _____

Pay Period Dates of Request: _____

I am requesting payment for the following:

Floating holiday

Date(s) chosen as floating holiday: _____

- Can choose no more than 2 days between July 1st and June 30th
- Must be a day that scheduled hours were worked
- Cannot be one of the 5 recognized holidays

Employee Bonus

Amount to be Paid: _____

- Must be prior approved in the budget

Signature of Employee: _____ Date: _____

Signature of Participant/Part Representative: _____ Date: _____