

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 holid	lay:
Must be a day that	re than 2 days between July 1 st and June 30 th scheduled hours were worked he 5 recognized holidays
Employee Bonus	
Amount to be Paid:	
Must be prior appr	oved in the budget
Signature of Employee:	Date:
Signature of Participant/Part Representative:	Date:

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