

**ST. LAWRENCE COUNTY
PAYOUT AUTHORIZATION FORM**

Name: _____

Employee Number: _____

Department: _____

Type of Payout: Vacation Compensatory Holiday

Number of Hours: _____

Payout Amount: _____

Last Day Worked: _____

I hereby certify that the above information is correct.

Employee Signature

Date

I hereby certify that the time above was earned and authorize payment.

Department Head Signature

Date

Check will be issued on the next regular pay date.

Please return completed form to the Payroll Office.