

EMPLOYEE INFORMATION REQUEST

NAME _____ IBM# _____ DATE _____

Please provide the following information:

_____ Year-to-date Vacation Entitlement/Usage

_____ Year-to-date Personal Leave Day Entitlement/Usage

_____ Sick Leave balance

_____ Other _____

Employee Signature

_____ Fax to: _____

_____ Will pick up at the Central Manpower office

Central Manpower Use Only:

AS OF _____

VACATION LEFT _____

PERSONAL DAY (S) LEFT _____

POINTS (REPORT ATTACHED) _____

SICK LEAVE BALANCE _____

CMP CLERK INITIALS _____

***ANYTHING TAKEN AFTER THIS DATE PLEASE DEDUCT FROM YOUR
BALANCE. ***