

**TO THE VACATION BOARD**

Please check the appropriate boxes:

I \_\_\_\_\_ am requesting the Board to consider the following:  
(Print Name)

Allow the withdrawal of my vacation contributions that exceed 5 weeks of pay:

Name: \_\_\_\_\_  
(Signature)

SSN: \_\_\_\_\_

Date: \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ By: \_\_\_\_\_

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