



The University of British Columbia

Request for Hourly Vacation Pay, Record of Employment

Employee Name and Identification				
Name (Last name, First names)		Social Insurance Number	UBC Employee ID (if known)	
Job Title		Department		
Address				
City	Province BC	Country Canada	Postal Code	Phone Number
Vacation Pay - Full Accumulation		Vacation Pay - By Hours		Start date of vacation
Check here to pay all accumulated Holiday Pay <input type="checkbox"/>		Vacation hours	For Shift Workers only: Shift #1..... Shift #2@5%..... Shift #3@10%..... Shift#2@\$0.50/hr.....	End date of vacation
Vacation Pay - By Percentage		Hourly Rate \$		Cheque pick up date
Pay this percentage of accumulated Holiday Pay <input type="text"/> %		Appointed after Jan. 1, 1986		
Request for Record of Employment - Hourly Employees				
Last Paid Date (w/m/m/dd)	Reason for Record	Return date (yy/mm/dd)	Medical Plan <input type="checkbox"/>	Dental Plan <input type="checkbox"/>
Approved by: Administrator/Grant Holder				
Name	Date (w/m/m/dd)	Phone Number		