

S.T.E.P.



Strategies to Empower People

HR / PAYROLL INFORMATION REQUEST

Name _____

Date _____

Information being requested (ie. vacation/sick hours available, employment verification etc.):

Signature

Please place completed form in Patti Dixons' box for distribution.

Reminder: As stated in employee handbook page 4-4 you must allow (5) business days from the date request was received for processing.

RESPONSE:

_____ *HR Department*

_____ *Payroll*

Date completed _____