

# BENEFIT TIME INQUIRY FORM

Employee's Name: \_\_\_\_\_

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

Please do not write below this line.....Please return to Gail in the HR office.  
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Response Date: \_\_\_\_\_

Pay Period Ending: \_\_\_\_\_

Vacation Hours: \_\_\_\_\_

Personal Hours: \_\_\_\_\_

Holiday Hours: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_