

PO Box 828
Columbus, MS 39703
Phone: 662-328-1042
Fax: 662-329-1017



Request for Vacation Form

Name: _____

Social Security Number: _____

Worksite: _____

I, _____, am requesting _____ hours paid vacation
(Name) (Number)
time at \$5.85 per hour for the week of _____.

Employee Signature: _____

Supervisor Signature: _____

Date: _____

CPI Representative Signature: _____

Date: _____

For Office Use Only:

Request Completed
Request Denied