

Temple University

Advance Vacation Request Form (PRU4)

Organization: _____

Department Name: _____

Employee Name: _____
(Please Print)

TUId: _____

Vacation Dates: From _____ To _____

Total Hours: _____

Authorized: (Printed Name and Signature)

Payroll Use Only

Schedule: _____ Organization: _____ Batch: _____

Screen 006 AD	Amount To Advance [][][][][] - [][]	Advance Deduction [][][][][] - [][]	
	Accounts Payable Advance [][][][][] - [][]		_____ AUTHORIZED

Trans [A] [P]	Pay Period Ending [][][][][][]	Earn Type [V] [A] [C]	Time [][][][][]
SEP CHK []	CHK REQ []	VOL DED [N]	DED CODE []
1-9	Y or blank	1-5	Rate of Pay [][][][] - [][]

Fund [][][][][]	Account [][][][][]	Org [][][][]	Program [][]
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