



Employee ID# _____

*Employee Central ID can be found on
paycheck stub*

Vacation Cash Out Request Form

Pick One Vacation Cash Out Request Type

Employee Vacation Cash Out Request

- Number of hours requested for cash out: _____ (up to 40 and may not result in negative balance)

Employee Financial Hardship Vacation Cash Out Request

- Number of hours requested for a financial hardship cash out: _____ (may not result in negative balance)

Please describe the reason for the request: _____

I certify that I would like my vacation paid out on the next available pay cycle. I understand the eligibility requirements, and that my request requires approval before payout. I understand I can find additional policy information online at masonitebenefits.com or may speak with my local Human Resources representative. I further understand providing false information on this form is a violation of Masonite’s Code of Conduct and may result in disciplinary action, up to and including termination of my employment.

Signature: _____

Date: _____

Employee Name (PRINT): _____

HUMAN RESOURCES REVIEW & APPROVALS

- _____ Verified Employee’s Years of Service as 5+ (regular cash out only)
- _____ Verified the employee has taken at minimum 40 hours of vacation YTD (regular cash out only)
- _____ Verified Vacation Balance as of Today (current balance equal or greater than requested cash out)

Supervisor/Manager Approval: _____

Human Resources Approval: _____

RHRM Hardship Approval (email approval acceptable): _____