

## **Vacation Plan Election:**

Employee Name: \_\_\_\_\_

Employee's Hire Date: \_\_\_\_\_

Due to the Hire Date, Employee is eligible for: (circle one option)

Plan A or Plan B

Plan B Only

(Please see Plan A or Plan B in the policy for employee eligibility)

## **Acknowledgement:**

I understand that I am eligible to elect either Plan A or Plan B Vacation Plan.

I understand that I am eligible for Plan B Vacation Plan only.

I understand that once I elect a Plan, that I will not be able to change Plans.

## **Election:**

I am electing Plan A \_\_\_\_\_ (please check)

I am electing Plan B \_\_\_\_\_ (please check)

Employee Signature: \_\_\_\_\_

Date of Election and Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date of Witness Signature: \_\_\_\_\_