



2010 Purchased & Rollover Vacation Request Form

Associate Name: _____

Location: _____ Department: _____

Date of Hire: _____ Date of Request: _____

# of 2010 Core Vacation Days	# of Purchased Vacation Days Requested	Hours Worked per regular shift (please circle)	# of Rollover Vacation Days Requested	2010 Total Vacation Days
		8 10 12		

Purchased vacation days are available for purchase through post-tax salary deduction, subject to supervisory approval. In addition to completing this form, purchased vacation days must be elected in the ADP Health & Welfare system during open enrollment. Your total core, rollover and purchased vacation days cannot exceed the maximum established by the Valassis vacation policy.

The salary used to calculate the cost of purchased vacation is pay on 10/1 prior to the plan year. Pay is defined as base pay (excluding overtime and bonuses). For sales associates, pay is defined as base pay plus the average of the last two full year's commissions (and/or sales bonuses).

In the event you terminate employment for any reason, you will be paid purchased and rollover vacation time accrued, but not used. If you transfer to a non-salaried position, your approved request will be honored, but your deductions may be re-calculated to accommodate the remaining number of pay periods in the year.

Signature of Employee

Signature of Supervisor

Date

Your purchased vacation time is: Approved / Not approved

Your requested carryover days are: Approved / Not approved

*******APPROVED FORMS MUST BE RETURNED TO HUMAN RESOURCES/ARC FOR PROCESSING*******

Name HR/ARC Associate

Date Entered by HR/ARC Associate

Distribution: Supervisor/Manager
 Associate
 Human Resources/ARC