

VACATION PAY SHORTAGE FORM

FAX THIS FORM TO: 602-797-6535

-OR-

E-MAIL TO: acsconsolidatedopspayroll@acs-inc.com

Plant/Cisco _____

GM Identification # _____

Name _____

Shift _____

Reason you believe to be the cause of the shortage (check all that apply):

- I was on a qualified leave of absence and did not receive weeks worked credit.

Type of Leave and dates: _____

- I worked at another GM or Delphi location during the year and did not receive weeks worked credit.

Location Name or CISCO: _____

- Other Reason: _____

Supervisor/Personnel Contact Name and GM Email Address*

**For data security and privacy reasons, email responses can only be sent to a GM email address. If no GM email or supervisor/personnel contact information is provided, responses to these inquires will be sent via regular mail to the employee's address of record.*