HOLIDAY WORK AUTHORIZATION
STATE UNIVERSITY OF NEW YORK
AT OSWEGO

DATE _____

STATE HOLIDAYS

New Years Day	Labor Day
Martin Luther King Day	Columbus Day
Lincoln's Birthday	Election Day
Washington's Birthday	Veteran's Day
Memorial Day	Thanksgiving Day
Independence Day	Christmas Day

Submit to:

_____ S. Coultrap-McQuin

_____ N. Lyons

_____ J. Grant

_____ K. Dorsey

FROM: _____ _____ _____
Name Title Dept.

I request authorization for the following employee(s) to work on _____, a State
Date
Holiday. Any additional costs will be charged to temporary service in account #_____.

It is necessary for the employee(s) listed below to be at work on this date because (reasons should include extraordinary or emergency conditions).

_____

_____

_____

NAME	TITLE	TOTAL HOURS	COMP TIME	CASH PAYMENT DUE

(Attach additional sheets if more space is needed)

Approval of the above employee(s) to work on the designated holiday is herewith

_____ granted _____ denied

Signed _____

Note: This form is to be submitted at least ten working days prior to the involved holiday. Submit the original to the payroll office and keep a copy for your records. No employee will be paid or granted compensatory time for the holiday unless authorization to work has been approved.