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HOLIDAY WORK/LEAVE FORM

Employee Name: _____

Date of Request: _____

Holiday Time Worked Request:

**Please indicate the date and hours of holiday time you are requesting to work and reason for working on that date. Or, hours worked above 40 hours in a holiday week..*

Requested Date(s)/Reason to Work: _____

Total Requested Hours to Work: _____

Holiday Time Worked to be taken:

**Please indicate the date and hours of holiday worked that you are using and the date which time will be taken*

Requested Date(s) to be taken: _____

Total Requested Hours : _____

*****Please note that all time must be used within 3months of date worked. *****

Employee Signature

Date

Approved by Supervisor

Date

Approved by Human Resources

Date

Approved by Executive Director

Date

Recorded By: _____
Beginning Holiday Leave Total _____
Ending Holiday Leave Total _____

Dawes 11/18