

**HOLIDAY CLOSURE ADVANCE WORK AUTHORIZATION & LOG
FOR EXEMPT EMPLOYEES**

This form is to be used for documentation purposes for day(s) worked by an exempt employee to cover the designated campus closure day(s) when the employee either (a) has sufficient vacation/personal holiday time to cover the campus closure day(s), but does not want to use it, or (b) does not have sufficient vacation or personal holiday time (such as a new employee) and must then perform work sufficient to cover the closure day(s) not covered by leave credits. These days cannot be worked on a partial/intermittent schedule, but must be worked in whole day increments.

EMPLOYEE NAME		EMPL ID	EMPL REC

DEPARTMENT ID	DEPARTMENT	PAY PERIOD (MM/YYYY)

SCHEDULE OF DAYS TO WORK IN ADVANCE OF CAMPUS CLOSURE:


Date Worked	Start Time	Lunch Period	End Time	Hours Authorized	Hours Worked	Date the Time Off is to be Used
Total Hours						

REASON FOR ADVANCE WORK TO COVER DESIGNATED CAMPUS CLOSURE

EMPLOYEE SIGNATURE

 _____ Date: _____

AUTHORIZED BY (DEAN/DIRECTOR/DEPARTMENT HEAD)

 _____ Date: _____

AUTHORIZED BY (ASSOCIATE VICE PRESIDENT/VICE PRESIDENT)

 _____ Date: _____