

## CLASSIFIED STAFF HOLIDAY CERTIFICATION FORM

Please submit to Human Resor	urces & Payroll Services prio	r to working th	e holiday.		
NAME:	HOURS WORKED	HOLIDAY PAY	HOLIDAY LEAVE	COMP TIME (VACATION) PBANYS ONLY	
Supervisor:					
Signature			Date		
Provost or appropriate Vice Provost	esident approval required:				
Signature			Date		