

CLASSIFIED STAFF HOLIDAY CERTIFICATION FORM

The following classified staff will be required to work on the _____ holiday and should receive credit as indicated.

Please submit to Human Resources & Payroll Services prior to working the holiday.

	HOURS WORKED	HOLIDAY PAY	HOLIDAY LEAVE	COMP TIME (VACATION) PBANYS ONLY
NAME:				

Supervisor:

Signature

Date

Provost or appropriate Vice President approval required:

Signature

Date