

TIME AUTHORIZATION

Pay Period Ending _____

Employee _____

Department _____

(Non-exempt employees in the bargaining unit scheduled to work on the following holidays shall receive compensation at one and one half (1 1/2) times their regular hourly rate: New Year's Day, Memorial Day, Independence Day, Thanksgiving Day, and Christmas Day.)

Holiday Worked: _____

Week One	WED	THUR	FRI	SAT	SUN	MON	TUES	Total Hours
	_____	_____	_____	_____	_____	_____	_____	_____
Week Two	WED	THUR	FRI	SAT	SUN	MON	TUES	Total Hours
	_____	_____	_____	_____	_____	_____	_____	_____

Once you've completed the form, please **print, sign, then submit to Human Resources via interdepartmental mail.**

Approved By: _____

Supervisor
Date

Senior Administrator
Date

NOTE: This approved holiday pay authorization form must be submitted to the Office of Human Resources in order to be processed for payment. Holiday pay will be included in the next regularly scheduled payday provided that the holiday hours worked occurred before the payroll reporting deadlines and the time worked is submitted prior to the required payroll date submission.