State University of New York College at Cortland
Request for Approval to Work
a Holiday, Overtime or Comp Time

Approval is requested for the following individual(s) to work on
the following date(s)_____

Name	**Line #**	**# Hrs.**	**Request H, C, O**	**Reason**

Requested by _____ Date: _____

_____ Approved _____ Disapproved _____ _____
Next Higher Review Date

_____ Approved _____ Disapproved _____ _____
Vice President's Signature Date

Two weeks prior to holiday or anticipated overtime or comp time submit two copies to appropriate Vice President; one copy will be returned to you after signature. Original will be sent to Payroll, Business Office.

H = Holiday
O = Overtime
C = Comp Time

Revised 01/06