SUNY SCHENECTADY
COUNTY COMMUNITY COLLEGE

REQUEST TO WORK ON HOLIDAYS

DATE OF REQUEST: _____

NAME: _____

JOB TITLE: _____

DEPARTMENT: _____

CAMPUS OPEN/HOLIDAYS

* Washington's Birthday
* Columbus Day
* Election Day
* Veterans Day

DATE(S)/HOLIDAY(S) REQUESTING TO WORK:

_____

_____

_____

COMMENTS:

_____

_____

_____

NO HOLIDAY WORK DAY WILL BE GRANTED WITHOUT APPROVAL OF THIS REQUEST.

_____
Signature of Employee/Date

Approved/Denied   _____
Signature of Supervisor/Date

Approved/Denied   _____
Signature of Supervising Dean/Date

Approved/Denied   _____
Signature of Department/Division Head/Date