



Health

Preventive Medicine
& Community Health

Prior Approval Request Form (to work Holiday Time, Overtime and/or Compensation Time)

Employee Name: _____ Date of Agreement: _____

On _____ I request permission to work _____ of _____ Holiday Time
(dates/week of) (# of hours)
_____ Compensation Time
_____ Overtime

Project requiring use of holiday, compensation time and/or overtime and justification:

I understand that if the time indicated above should change for any reason, I will amend this form.

Employee Signature

Date

Supervisor Signature

Date

Approved
(Chairman's office signature required)

Date