



**Authorization to Work**  
**for Classified Staff**  
**on Non-Paid Holidays**

Employee Name \_\_\_\_\_ Dept: \_\_\_\_\_

Dates Requesting Work: \_\_\_\_\_

Details of Work to be Completed:

\* \_\_\_\_\_ \*

I authorize this employee to work up to \_\_\_\_\_ hours during the non-paid holidays listed above to complete the assigned duties noted.

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_