

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: _____