

This form is to be used for documentation purposes for day(s) worked by an employee to cover the designated campus closure day(s) when the employee either does not have sufficient vacation or personal holiday time (such as a new employee) and must then perform sufficient work to cover the closure day(s) not covered by leave credits.

I. EMPLOYEE INFORMATION	
Employee Name:	Employee ID Number:
Department/College:	Pay Period (MM/YYYY)

II. SCHEDULE OF DAYS TO WORK IN ADVANCE OF CAMPUS CLOSURE						
Date Worked	Start Time	Lunch Period	End Time	Hours Authorized	Hours Worked	Date the Time Off is to be Used
Total Hours						

Reason for advance work to cover designated campus closure (required):

III. SIGNATURES

Employee Name	Employee Signature	Date

Authorized by:

Appropriate Administrator (MPP) Name	MPP Signature	Date