

State University of New York College at Cortland  
Request for Approval to Work  
a Holiday, Overtime or Comp Time

Approval is requested for the following individual(s) to work on  
the following date(s) \_\_\_\_\_

Name	Line #	# Hrs.	Request H, C, O	Reason

Requested by \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved  
 \_\_\_\_\_ Next Higher Review \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved  
 \_\_\_\_\_ Vice President's Signature \_\_\_\_\_ Date \_\_\_\_\_

Two weeks prior to holiday or anticipated overtime or comp time submit two copies to appropriate Vice President; one copy will be returned to you after signature. Original will be sent to Payroll, Business Office.

H = Holiday  
O = Overtime  
C = Comp Time