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: _____

Approve _____

Disapprove _____

Supervisor Signature_____ Date: _____

Two weeks prior to holiday or anticipated overtime or comp time, submit original complete with supervisor signature to the Payroll Office, Miller Building, Rm. 301 or email to payroll@cortland.edu.

H = Holiday
O = Overtime
C = Comp Time