



HOLIDAY LEAVE WITHOUT PAY FORM

Use this form to submit Holiday Leave Without Pay when you choose not to use vacation or compensatory time.

DUE TO PAYROLL OFFICE BY: DECEMBER 15, 2017

Employee Name (print): _____

Employee Signature: _____

Employee ID: **S** _____

Approver's Name (not Proxy): _____

Approver's Signature **OR** _____

Proxy's Signature _____

Approver's Phone Number: _____

**REQUESTED LEAVE
WITHOUT PAY ONLY**

	Thursday Dec 28	Friday Dec 29
DATES		
HOURS		

TOTAL LEAVE WITHOUT PAY HOURS:

Email: Payroll@slcc.edu

FAX 801-957-4869 Mailstop: PAY

****PLEASE NOTE: VACATION, SICK AND RETIREMENT ACCRUALS WILL BE PRORATED ACCORDINGLY ****