



## 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 18, 2015**

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**

	<b>Tuesday Dec 29</b>	<b>Wednesday Dec 30</b>	<b>Thursday Dec 31</b>
DATES			
HOURS			

TOTAL LEAVE WITHOUT PAY HOURS:

Payroll's FAX #801-957-4869, Mailstop: PAY

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