



HOLIDAY LEAVE WITHOUT PAY FORM

Use this form to submit Holiday Leave Without Pay when you choose not to use your leave time.

DUE TO PAYROLL OFFICE BY: DECEMBER 14, 2018

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 27	Friday Dec 28	Monday Dec 31
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 ****