

PRE-APPROVAL FOR HOURLY/NON-EXEMPT LABOR DURING HOLIDAYS/CAMPUS CLOSURES

General Information:

Date of Requested Clearance: _____ Reason for closure: _____ Department: _____

Supervisor Name: _____ Departmental ORG code: _____

Employee Name	S-Number	Employee Classification	Position Title	Type of Work to be Performed	On or Off Campus?*

Departmental necessity for work performed:

Note: All regular rules of supervision, time reporting, wages and employee expectations must remain in effect.

THIS DOCUMENT WILL NOT BE ACCEPTED WITHOUT ALL APPLICABLE SIGNATURES

Supervisor Signature: _____ Date: _____

Divisional Vice President: _____ Date: _____

*Campus Police (If work is to be performed on campus during campus closure): _____ Date: _____

Human Resources Acknowledgement: _____ Date: _____