

**REQUEST FOR PAY IN LIEU OF COMPENSATORY TIME OFF
FOR HOLIDAY TIME EARNED**

This form must be submitted to employee's supervisor within three (3) days after notification of the holiday work schedule.

Name:

Last	First	Middle
------	-------	--------

Social Security or 'V' Number: _____

In accordance with Article 43, Section 8, Paragraph (c) of the Collective Bargaining Agreement between the Oregon University System and SEIU Local 503, OPEU, AFL-CIO, CLC, I hereby elect to receive payment in lieu of compensatory time off for the following holiday(s) earned.

Holiday(s): _____

Employee's Signature

Date

~~~~~  
**Supervisory Section**

I certify that the above employee did not receive time off for the holiday(s). Further, the employee was scheduled or required to work on subject holiday(s) for the benefit of the department's operation, and is therefore entitled to payment in lieu of compensatory time off. Additionally, I authorize payroll to charge the expense incurred to the departmental budget accordingly.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Department/Index: \_\_\_\_\_

**This form must be submitted to Payroll along with the time and attendance record for the time period in which the holiday(s) occurred.**