

EXEMPT EMPLOYEE FLOATING HOLIDAY WAIVER

I, _____ waive my use of the floating holiday
(printed name of employee)
that will be received due to working on _____
(date of holiday worked)

In replacement for waiving this floating holiday, I am requesting that I be paid at my regular rate for this day, similar to the guidelines outlined in Appendix A: Holidays – 4.3.D.

“An Exempt Employee who is required to work a full day on a holiday may float the holiday within the same fiscal year. If the floating holiday is not used within the same fiscal year, or if the employee terminates prior to the using of a floating holiday, the employee will be paid at their regular rate for the holiday time not used.”

Employee Signature

Date: _____

Supervisor Signature

Date: _____

Human Resources Signature

Date: _____

**This form must be signed and submitted to Human Resources
seven (7) business days in advance of the holiday.**