



Holiday Election Form – Union-Represented Employees

This form is to be completed during the annual vacation sign-up period of December 1 – 15 each year (or within 10 workdays of return to work). Due to safety restrictions being observed in response to COVID-19, this form may be completed and signed electronically.

By completing and signing this form, I am indicating my preference for overtime pay and time off, in lieu of overtime and holiday pay, when I work on a holiday. I understand that this option will take effect with the New Year's Day holiday (or with the next holiday that is more than 10 workdays after completion) and will remain in effect for the calendar year.

This completed form will be retained by my supervisor and a copy by my timekeeper. If I change jobs or locations, this form will be forwarded to the appropriate supervisor and timekeeper.

Use your TAB key to advance to each field. All fields are required.

Employee Name:

Personnel Number: *(you can find your personnel number on your pay statement)*

Classification:

Department:

Headquarters:

Supervisor Name:

Supervisor LAN ID:

If you agree to the election, complete and sign the form. Then provide the completed form to your supervisor and a copy to your timekeeper.

I would like to accept this option and I understand that I will receive in lieu holiday hours along with overtime pay, when I work on a holiday.

Employee Signature

Date

Note to Timekeepers: *For this option, report hours worked on a holiday as OT Code 2.*