

Email to: payroll@MyMRCI.org
Fax to: 1-888-800-7336

FLOATING HOLIDAY
Request Form



Employee Name: _____

Client Name: _____

Client Representative: _____

Pay Period: Sun: _____ Sat: _____
(mm/dd/year) (mm/dd/year)

You are eligible for two Floating Holidays within each contract year:

- ✓ Contract year: October 1, 2021 through June 30, 2022
- ✓ Contract year: July 1, 2022 through June 30, 2023
- ✓ Worker needs to gain approval for Floating Holiday from the Managing/Responsible Party

Refer to the Floating Holiday policy for more information regarding eligibility.

I am requesting my floating holiday per the collective bargaining agreement on
(Note: You must work on the day to receive floating holiday pay).

_____ (date)

Hourly Rate: _____

Total Hours Requested: _____

I acknowledge per the Collective Bargaining Agreement, I am allowed two floating holidays per contract year. I am taking the above-mentioned holiday as part of two floating holidays and will not exceed two holidays within the contract year.

Signature by the Participant/Representative indicates approval of Floating Holiday.

Approval by Employee and the Client/Representative does not guarantee payment of holiday.

This Floating Holiday form must be submitted with your timecard for the period in which you are requesting.

Employee Signature

Client/Representative Signature

Date

Date