

CITY OF BONHAM

Name: _____

Request for Payment of Accrued Holiday Time

Holiday	Year	# Hours to be Paid	Pay as Regular Holiday	Pay as Day Taken Off (enter date)
New Years Day				
Good Friday				
Memorial Day				
July 4th				
Labor Day				
Thanksgiving Day				
Thanksgiving Day After				
Christmas Eve				
Christmas Day				

Pay as Regular Holiday: pay as a holiday; does not replace scheduled work day

Pay as Day Taken Off: pay as substitute for scheduled work day in lieu of using vacation or sick leave

Comments: _____

Employee signature _____

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