



PAYROLL SERVICES WINTER BREAK 2021 FORM

Georgia State University will be closed for the Winter Holidays on December 20 – 24, 2021, and January 3, 2022. Holiday hours will be populated for each benefits-eligible employee on these dates.

As a cost savings measure, the University will also be closed December 27 - 31, 2021. The Time & Absence Team will populate Annual Leave/Vacation hours for benefits-eligible employees for each day that is not a recognized Holiday.

Some areas such as Police and Animal Care are exempt. If an employee would prefer NOT to be compensated by using their vacation hours for the days in December and/or January when the University is closed, please indicate those days where you will not be compensated, using vacation hours below. Please be aware that your pay will be reduced by the number of hours that you request.

Employee Name:	Employee ID:	Today's Date:

Scheduled Vacation Days (8 hours of vacation time or calculated amount for benefits-eligible employee less than 1.0 FTE will be paid unless otherwise requested)

Dates	Vacation Hours Automatically Populated	Vacation Hours to Delete Because Employee is Working During the Break (Please list hours worked)	Vacation Hours to Delete and NOT be paid	Vacation Hours to Delete Because Employee is Using Compensatory Time (Please list Compensatory Hours)	Vacation Hours to Delete Because Employee is Using USG Vaccine Day Administrative Leave (Please list hours Used)	Use Sick Hours (Documentation Required)
12/27/2021	8.0					
12/28/2021	8.0					
12/29/2021	8.0					
12/30/2021	8.0					
12/31/2021	8.0					
TOTAL HOURS	40.00					

Employee Certification:

I certify that I have read and understand by requesting a deletion of my vacation hours that I will not be paid for the hours the University is closed. Additionally, I understand that my pay will be reduced accordingly unless I have identified the hours in which I will be working during this time.

An employee on FMLA or who has documentation for upcoming medical procedures may request sick time be used in lieu of vacation hours.

Signature: _____ Date: _____

Supervisory Review:

I have read and understand the terms and recommend the following action:

Approved **Not Approved - Please note reason(s):** _____

Signature: _____ Date: _____