

HOLIDAY SCHEDULE FORM

Company Name: _____ **Year:** _____

Please check the box next to the holidays your company will be observing. If your company will be taking a half-day on any of these days, just note "1/2" in the space provided. Also, please note the actual date that the holiday is observed. Once the form is completed, please submit it to the Building Management Office.

HOLIDAY:	DATE OBSERVED:
<input type="checkbox"/> New Year's Day	_____
<input type="checkbox"/> Martin Luther King, Jr. Day	_____
<input type="checkbox"/> Presidents' Day	_____
<input type="checkbox"/> Memorial Day	_____
<input type="checkbox"/> Good Friday	_____
<input type="checkbox"/> Independence Day	_____
<input type="checkbox"/> Labor Day	_____
<input type="checkbox"/> Columbus Day	_____
<input type="checkbox"/> Veterans Day	_____
<input type="checkbox"/> Thanksgiving	_____
<input type="checkbox"/> Day after Thanksgiving	_____
<input type="checkbox"/> Christmas Day	_____

OTHER DAYS OBSERVED:
