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| --- | --- | --- | --- | --- | --- | --- |
| **REQUEST AND AUTHORIZATION TO WORK ON AN LACCD HOLIDAY** | | | | | | |
| APPROVED REQUEST MUST ACCOMPANY THE APPLICABLE PROJECT LABOR LOG. | | | | | | |
| Contract #: |  | | | | Task Order#: |  |
|  |  | | |  | | | |  |
| Prime Firm: |  | | | | Sub Firm: |  |
| |  |  |  |  | | --- | --- | --- | --- | | Location: |  | Title: |  |   *(Identify the PMO or specific project site)* | | | | | | | |
| Request to work on a Holiday: | | | |  | | | |
|  | | | | *Specify Holiday Name(s) & Date(s)* | | | |
|  | | |  | | | | | | | |  |

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| **DETAILED JUSTIFICATION:** |
| (Example: General Contractors and Sub-contractors will be working on this day and will require oversight.) |
|  |

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| --- | --- | --- | --- | --- |
| **REQUESTED BY:** | | | | |
|  | | | | |
|  |  |  |  |  |
| Requestor  Print Name |  | Requestor  Signature |  | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPROVED BY:** | | | | |
|  | | | | |
|  |  |  |  |  |
| PMO Supervisor/College Project Director  Print Name |  | PMO Supervisor/College Project Director  Signature |  | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPROVED BY:** | | | | |
|  | | | | |
|  |  |  |  |  |
| PMO Program Director or Designee  Print Name |  | PMO Program Director or Designee  Signature |  | Date |