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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: |       |
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| 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:** |
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|       |  |  |  |       |
| RequestorPrint Name |  | RequestorSignature |  | Date |

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| **APPROVED BY:** |
|  |
|       |  |  |  |       |
| PMO Supervisor/College Project DirectorPrint Name |  | PMO Supervisor/College Project DirectorSignature |  | Date |

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| **APPROVED BY:** |
|  |
|       |  |  |  |       |
| PMO Program Director or DesigneePrint Name |  | PMO Program Director or DesigneeSignature |  | Date |