

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:**

New Year's Day

Martin Luther King, Jr. Day

Presidents' Day

Memorial Day

Good Friday

Juneteenth

Independence Day

Labor Day

Columbus Day

Veterans Day

Thanksgiving

Day after Thanksgiving

Christmas Day

OTHER DAYS OBSERVED:
