

VISITING NURSING ASSOCIATION OF WNY, INC.

HOLIDAY SIGN-UP FORM

Name: _____

Date:

DOH: _____

Directions: Choose in order of preference the holidays you are **Requesting to Work**, from **most desirable (1)** to **least desirable (5)**.

Memorial Day _____

Independence Day _____

Labor Day _____

Thanksgiving Day _____

New Year's Day _____

Holiday preferences are based on seniority.

PLEASE COMPLETE FORM AND RETURN TO YOUR MANAGER BY
