

LEAVE AND/OR OVERTIME REQUEST

To: _____ Date _____
Department – Division Head

From: _____ Title _____
Employee's Name

1. Leave 2. Overtime

I hereby request the following: (check applicable square(s))

1. Leave of _____ hours to start at _____ on _____ and end at * _____ on _____ of the following
Number of Hours 8:00 am 1/1/2002 4:00 pm 1/1/2002
 type: (Check applicable square(s))

a. With Pay:

- Administrative (Management & Mid-Management Only)
- Sick (Non-Industrial)
- Death in the Family (Up to 3 days)
- Vacation
- Compensatory (In-Lieu of Accumulated Overtime Hours)
- Injury (Industrial, includes job -related illness)
- Funeral (Non-Family, charge to: Sick _____ Comp. _____ Vac. _____)
- Jury Duty
- Military Duty
- Other (Describe)

* if ending date & time or termination of leave is not known (as in cases of Sick, Injury, etc.) enter unknown in these spaces, and submit an "Absentee Return to Work" form as soon as this becomes known. Complete these sections after form printed.

b. Without Pay:

- Absent With Authorization
- Absent Without Authorization (This form to be submitted by dept.)
- Sick or Medical (Reason not paid _____)
- Injury (Off job, Self-Inflicted, etc.)
- Maternity (Up to 120 days)
- Military Duty (Exceeding 15 days in year)
- Death in Family (Exceeding 3 days)
- Funeral (Non-Family, Exceeding -1- day)
- Jury Duty (Part-Time Employee)
- Other (Describe) _____

c. Explanation of particular circumstances of Leave _____

2. Overtime of _____ hours per day to be worked between the hours of _____ & _____ starting on
Number of Hours 10:00 am 1:00 pm
 _____ and ending on _____ for a total of _____. Reason for Overtime: _____
1/1/2002 1/1/2002 Number of Hours

Check Applicable Square: With Pay Comp. Time Off to be taken date(s) _____

Employee (Representative) Supervisor Comments: _____

Department Head Approved Disapproved Comments: _____