



Employee Leave/Overtime Request Form

Today's Date: _____

Employee Name: _____ # _____

Employee Leave Request

Instructions: Leave requests should be signed, approved in advance, and attached to the time sheet in which the leave occurs. Refer to your last pay stub for the number of hours you have available.

<u>Dates of Leave</u>	<u># of Hours</u>	<u>Leave Code</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

<u>Administrative Use Only</u>	Available Leave No Balance: _____
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Overtime Request

Instructions: Overtime must be pre-approved by your supervisor. The overtime request form must be signed, approved and attached to the time sheet in which the overtime occurred.

_____ # of hours to be worked during week of _____

Reason for Overtime: _____

_____ # of hours to be worked during week of _____

Reason for Overtime: _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Leave Codes					
BD	Birthday	JD	Jury Duty	PL	Personal Leave
BV	Bereavement	LWOP	Leave Without Pay	WC	Workers Compensation Injury
FMLA	Family Medical Leave	OTH	Other		