

College of Built Environments

2014-15 Request for Leave or Overtime

Form must be completed in INK and all approvals for leave AND overtime received prior to time taken. Start and end times are not required unless requested by your supervisor.

Employee Name _____
 Department _____
 Date of Request _____

Leave Start Date
 Leave End Date

Leave Start Time
 Leave End Time
 Total Hours of Leave

Type of Leave and Number of Hours

Vacation/Annual	<input type="text"/>
Sick	<input type="text"/>
Comp Time Used	<input type="text"/>
Personal Holiday	<input type="text"/>

Civil/Jury Duty	<input type="text"/>
Bereavement	<input type="text"/>
Leave w/o Pay	<input type="text"/>
Holiday Comp Used	<input type="text"/>

Reason for Leave:

Reason for Overtime:

Overtime Start Date
 Overtime End Date

Overtime Start Time
 Overtime End Time
 Total Hours of Overtime

Part-Time Employees (check one):

Straight time hours to be _____ recorded as comp time _____ paid

Full-Time Employees (check one):

Time and a half hours to be _____ recorded as comp time _____ paid

Employee Signature and Date _____
 Supervisor Approval and Date _____