

Leave / Overtime Approval Request Form

Name: _____

Time Period: _____

Position: _____

Workstation: _____

Check all that apply and attach to time record. **NOTE:** Minimum of tentative verbal permission is needed as supervisor schedule allows, and signature required for final approval. Medical excuse may be needed for all Sick Leave use and is expected for longer absences (more than three consecutive days) and training days unless specific approval given by the management.

____ Sick Leave of _____ days in whole or half day amounts. (Detail days/**dates** as noted on time record and reason for absence: _____)

____ Annual leave of _____ days in whole or half day amounts. (Note: Contract school year employees have scheduled Annual leave and no form is needed.) (Detail times/**dates** as noted on time record): _____

____ Funeral leave of _____ days to be considered:

A. _____ Sick Leave (Immediate family as defined in Agency Policies)

B. _____ Annual Leave

____ Leave without pay - Family Leave Act or Leave of Absence

A deduction of pay may be made this pay period (if an equal payment employee). Please detail the need for this status: _____

____ Overtime status - immediate approval required. Amount: _____

Detail any overtime hours (more than forty hours during the week) and attach this form to time sheet. Note: Center / casework emergency or administrative position required. Hours will be credited at higher value. _____

Employee Signature

Date

Center Manager/Leader Verification

Date

Management (SPO) approval (circle one): APPROVED NOT APPROVED (note reason) _____

Forwarded for additional review _____

Supervisor Signature

Date

OFFICE USE ONLY

Available Leave for Compensation - As defined in Agency Policies:
Annual Leave: _____ Sick Leave: _____ hours or days