

UNIVERSITY OF IDAHO REQUEST FOR LEAVE/OVERTIME

Employee Name: _____

LEAVE: I request leave from duty as follows:

_____ day(s) for the period _____ through _____ inclusive

or

_____ hour(s) on (date) _____

Charge leave to:

| | | | | | | | | |
|----------------|-------|-------|-----------------|-------|-------|--------------------------------------------------------------------------------------|-------|----------|
| Annual Leave | _____ | Hours | Military Leave | _____ | Hours | Medical Appts | _____ | Hours |
| Sick Leave | _____ | Hours | Jury Duty | _____ | Hours | **Apply to FMLA? | | |
| Furlough Leave | _____ | Hours | Leave w/out Pay | _____ | Hours | Yes | _____ | No _____ |
| Comp Time | _____ | Hours | *Admin Leave | _____ | Hours | **Prior paperwork must be filed with Benefits for Family Medical Leave Act (FMLA) | | |

*Refer to FSH 3710 for eligibility

OVERTIME: I request permission to work overtime on (date) _____

Total hours to be worked: _____ Hours Total Comp Time expected: _____ Hours

Reason for Overtime: _____

Employee Signature: _____ Date: _____

Approved By: _____ Date: _____

Leave should be requested in advance, including sick leave if it is for a scheduled procedure.

Route: 1. Employee to Supervisor 2. Supervisor back to Employee
3. Employee turn in to Supervisor when submitting the applicable web timesheet