

AUXILIARY 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 Admin Leave _____ hours *Medical Appts _____ hours

Sick Leave _____ hours Jury Duty _____ hours *Apply to FMLA?

Comp Time _____ hours Leave w/out Pay _____ hours _____ Yes _____ No

Military Leave _____ hours * Prior paperwork must be filed with HRS
for Family Medical Leave Act (FMLA)

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

Total hours to be worked: _____ hours Total Comp. Timed 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 notifies Employee
3. Supervisor delivers to Auxiliary Financial Unit – Kera Bardsley

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