UNIVERSITY OF IDAHO REQUEST FOR LEAVE/OVERTIME

Employee Name:						
LEAVE: I request lea	ve from duty as f	ollows:				
	day(s) for the p	eriod	through		inclusive	
or					•	
	hour(s) on (dat	e)				
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	Hours *Admin Leave *Refer to FSH 3710 for elig		**Prior paperwork must be filed with Benefits for Family Medical Leave Act (FMLA)		
OVERTIME: I reques	st permission to v	work overtime on (date)				
Total hours to be wor	ked:	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