## **REQUEST FOR LEAVE AND OVERTIME** FACULTY AND STAFF

Name: \_\_\_\_\_

## Application is hereby made for approval of leave for the following reason(s) and period(s).

		DATE(S)	ТОТ	AL HOURS
Vacation				
Sick (1) Self F	amily			
	tate			
Overtime taken	LSA			
	tate			
Overtime earned	LSA			
Bereavement (3)				
Emergency (3)				
Military				
Maternity				
Jury Duty (attach jury summons)				
Leave Without Pay				
<ol> <li>Sick: Nature of illness</li> <li>Bereavement:</li> </ol>				
The death of my			occurred	
(Relationship)		(Name)		(Date)
3. Nature of emergency leave requested:				
4. Additional Comments:				

I hereby certify that the above information is true and correct.

**Employee Signature** 

Date

Supervisor's Signature

Approved Disapproved Date

Rev. 8/28/2015