



UT Health

San Antonio

Cell Systems & Anatomy

LEAVE REQUEST FORM (NON-EXEMPT EMPLOYEES)

Entitled to overtime

NAME: _____ **DATE:** _____

| TYPE OF LEAVE | | DATE | | TIME | | TOTAL HOURS |
|-----------------------------------|------------------------------------|-------|-----|-------|-----|-------------|
| | | START | END | START | END | |
| <input type="checkbox"/> Vacation | Other: | | | | | |
| <input type="checkbox"/> Sick | <input type="checkbox"/> Jury Duty | | | | | |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Funeral | | | | | |
| <input type="checkbox"/> Comp | <input type="checkbox"/> Military | | | | | |
| <input type="checkbox"/> Vacation | Other: | | | | | |
| <input type="checkbox"/> Sick | <input type="checkbox"/> Jury Duty | | | | | |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Funeral | | | | | |
| <input type="checkbox"/> Comp | <input type="checkbox"/> Military | | | | | |
| <input type="checkbox"/> Vacation | Other: | | | | | |
| <input type="checkbox"/> Sick | <input type="checkbox"/> Jury Duty | | | | | |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Funeral | | | | | |
| <input type="checkbox"/> Comp | <input type="checkbox"/> Military | | | | | |
| <input type="checkbox"/> Vacation | Other: | | | | | |
| <input type="checkbox"/> Sick | <input type="checkbox"/> Jury Duty | | | | | |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Funeral | | | | | |
| <input type="checkbox"/> Comp | <input type="checkbox"/> Military | | | | | |

Employee Signature _____ **Date** _____

Supervisor Signature _____ **Date** _____

***Whenever possible, please obtain your supervisor's signature in advance.
Please turn in a copy with your monthly time sheet.***