



Employee Leave Request Form

Employee Name: _____

Leave Date(s)	# of Days	Type of Leave		
_____	_____	<input type="radio"/> Sick	<input type="radio"/> Vacation	<input type="radio"/> Funeral
_____	_____	<input type="radio"/> Sick	<input type="radio"/> Vacation	<input type="radio"/> Funeral
_____	_____	<input type="radio"/> Sick	<input type="radio"/> Vacation	<input type="radio"/> Funeral
_____	_____	<input type="radio"/> Sick	<input type="radio"/> Vacation	<input type="radio"/> Funeral
_____	_____	<input type="radio"/> Sick	<input type="radio"/> Vacation	<input type="radio"/> Funeral

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

By signing the above, I/we certify that the information submitted accurately reflects leave taken.

BALANCES (to be used by the Director of Office Operations)		
Vacation: _____	Funeral: _____	
Sick Leave: _____		
Comp Earned: _____	Comp Used: _____	Comp Remaining: _____

OVERTIME APPROVAL FORM

Name of Employee: _____

Date(s) of Overtime Work: _____

Total Hours of Overtime: _____

State Reason Work cannot be complete during regular business hours: _____

Request Comp Time Added to Vacation:

Request Monetary Compensation:

Employee Signature

Date

Supervisor Signature

Date

This form must be completed and approved before the overtime work is performed. Overtime hours are hours worked in excess of 40 in a Sunday-Saturday work week. Employees must make every effort to complete work assigned during the regular work week. At the employer's discretion, employee's work week may be altered to avoid a work week in excess of 40 hours. This completed form must be attached to the employee's monthly payroll worksheet.
