REQUEST FOR LEAVE AND OVERTIME **F3.6A**
FACULTY AND STAFF

Name: _____

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

	DATE(S)	TOTAL HOURS
☐ **Vacation**		
☐ **Sick (1)** ☐ **Self** ☐ **Family**		
☐ **Overtime taken** ☐ **State** ☐ **FLSA**		
☐ **Overtime earned** ☐ **State** ☐ **FLSA**		
☐ **Bereavement (3)**		
☐ **Emergency (3)**		
☐ **Military**		
☐ **Maternity**		
☐ **Jury Duty (attach jury summons)**		
☐ **Leave Without Pay**		

1. Sick: Nature of illness _____

2. Bereavement:

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 **Supervisor's Signature**

_____ ☐ **Approved** _____
Date ☐ **Disapproved** **Date**

Rev. 8/28/2015