NAME:_____ TIME PERIOD:_____
POSITION:_____ WORKSTATION:_____

LEAVE / RESCHEDULE / OVERTIME APPROVAL REQUEST FORM

Check all that apply and attach to time record.
NOTE: Minimum of tentative verbal permission is needed as supervisor schedule allows, and signature required for final approval. Medical excuse may be needed for all Sick Leave use and is expected for longer absences (more than three consecutive days) and training days unless specific approval given by the management.

This is a request for:

_____ **Sick leave** of _____ days in whole or half day amounts.
(Detail days as noted on time record and reason for absence:_____
_____).

_____ Permission to **reschedule** work time to a period other than the published calendar or established work schedule. **NOTE: Time is not to be rescheduled when class would be missed except when used in lieu of other leave.**
(Detail days as noted on time record and reason for rescheduling of time:_____
_____).

_____ **Annual leave** of _____ days in whole or half day amounts. (Note: Contract school year employees have scheduled Annual leave and no form is needed.)
(Detail times as noted on time record:_____).

_____ **Funeral leave** of _____ days to be considered:

A. _____ Sick leave
B. _____ Annual leave
C. _____ Rescheduled time to be planned for_____
Detail plan:_____

_____ **Leave without pay - Family Leave Act or Leave of Absence**
A deduction of pay may be made this pay period (if an equal payment employee).
Please detail the need for this status:_____
_____

_____ **Court leave** - Note excused hours as duty hours and attach documentation. Court fees must be turned in upon receipt if this status is used.

_____ **Overtime** status - immediate approval required
Detail any **overtime hours** (more than forty hours during the week) and attach this form to time sheet. Note: Center / casework emergency or administrative position required. Hours will be credited at higher value._____

Supervisory approval (circle one): Approved Not Approved (note reason)_____
Forwarded for additional review_____

_____ _____
Employee Signature (Date) Supervisor Signature (Date)