Employee Name:

through inclusive

or

Charge leave to:

Annual Leave	Hours	Hours			Hours
Sick Leave	Hours	Hours			
Furlough Leave	Hours	Hours	Yes	No	
Comp Time	Hours	Hours			

OVERTIME: I request permission to work overtime on (date)

Total hours to be worked: Hours Total Comp Time expected: Hours

Date:

Date:

Leave should be requested in advance, including sick leave if it is for a scheduled procedure.

Route: