REQUEST FOR LEAVE
Department for Libraries and Archives

Employee Name _____

Division _____ Pay Period Ending _____

TYPE OF LEAVE	DATE(S) OF REQUESTED LEAVE	TOTAL HOURS
Sick Leave		
Annual Leave		
Comp Leave		
Other		

_____ _____ _____ _____
Applicant Signature Date Approving Officer Signature Date

COMPENSATORY AND /OR OVERTIME AUTHORIZATION
Department for Libraries and Archives

Name _____ Division _____

Pay Period Ending _____ Exempt _____ Covered _____

Indicate option chosen by covered employee: Overtime Pay _____
Compensatory Leave _____

AUTHORIZED DATES	AUTHORIZED HOURS	NATURE OF WORK

_____ _____ _____ _____
EMPLOYEE DATE DIRECTOR/DESIGNEE DATE

_____ _____ _____ _____
SUPERVISOR DATE COMMISSIONER (As Required) DATE