

**OFFICE OF MINORITY AFFAIRS
REQUEST FOR LEAVE OR OVERTIME**

Date

_____ requests _____ hours of leave

Name (please print)

for the period beginning _____ / _____ and ending _____ / _____
Date Time Date Time

Type of Leave:

- Vacation**
- Sick Leave**
- Personal Holiday**
- Bereavement**
- Jury Duty**
- Leave of Absence Without Pay**
- Compensatory Time**

Reason: _____

Phone number where you can be reached if a call is necessary: _____

**When you have completed and signed the form,
have your supervisor sign and return it to
Delores Larkins.**

Employee Signature

Supervisor Signature

**If you expect to be absent from work for more than a day, you are expected to
contact your supervisor directly.**