Reset Form

**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.**