

**LEAVE AND  
 OVERTIME AUTHORIZATION**

NAME \_\_\_\_\_

DEPARTMENT/  
 DIVISION \_\_\_\_\_

BRANCH/  
 SECTION \_\_\_\_\_

**REQUESTED LEAVE**

FROM		TO		QUARTER HOUR INCREMENTS				REMARKS	APPROVED
DATE	TIME	DATE	TIME	ANNUAL	SICK	COMP	W/OUT PAY		

**AUTHORIZED OVERTIME**

FROM		TO		QUARTER HOUR INCREMENTS				REMARKS	APPROVED
DATE	TIME	DATE	TIME						

**EMPLOYEE SIGNATURE** \_\_\_\_\_

**APPROVAL-DIRECTOR SIGNATURE** \_\_\_\_\_