SCHOOL OF CHEMICAL SCIENCES
AUTHORIZATION FOR OVERTIME AND ABSENCE
FOR NONACADEMIC EMPLOYEES

DATE ____________________________

(Anyone less than 100%)

OVERTIME WORKED / EXTRA HOURS WORKED/ COMP TIME EARNED (Circle One)
FROM ____________________________ TO ____________________________

TOTAL TIME ___________ Hours

CHARGED TO ____________________________

Account Number ____________________________ Account Title ____________________________

VACATION AND PERSONAL LEAVE
FROM ____________________________ TO ____________________________

TOTAL TIME ___________ Hours

SICK LEAVE
FROM ____________________________

TOTAL TIME ___________ Hours

FAMILY & MEDICAL LEAVE (Must have prior departmental approval)
FROM ____________________________ TO ____________________________

TOTAL TIME ___________ Hours

FUNERAL LEAVE (Relative ONLY)
FROM ____________________________ TO ____________________________

TOTAL TIME ___________ Hours

Indicate Relationship: ____________________________

OTHER LEAVE (Jury Duty, Military Leave, etc.)
FROM ____________________________ TO ____________________________

TOTAL TIME ___________ Hours

Describe:

EMPLOYEES NAME ____________________________ APPROVED BY ____________________________

NOTE
- Enter time to the nearest tenth (one decimal place).
- Enter time in hours only, not days.
- Obtain approval of immediate supervisor PRIOR to leave or overtime.
- Send signed authorization promptly to Julie Thomas, Box 45-1, SCS Human Resources Office.

Revised 3/26/2009 nsr