

WSU LEAVE AND OVERTIME REQUEST FORM

Name: _____

Position #: _____

myWSU ID # _____

LEAVEI request leave from _____ through _____
(date) (hour) (date) (hour)

totaling _____ working day(s) and/or _____ hour(s).

Charged as follows:

_____ Vacation Leave	_____ Using Compensatory Time
_____ Sick Leave	_____ Funeral Leave
_____ Jury Leave	_____ Military Leave
_____ Discretionary Day	_____ Leave Without Pay
_____ Other (explain in remarks)	

Remarks: _____

To the best of my knowledge, the facts stated above are accurate and comply with leave requirements.

Employee's Signature: _____ Date: _____

APPROVAL BY SUPERVISOR _____ Approved _____ Denied

Supervisor's Signature: _____ Date _____

EXTRA STRAIGHT TIME/OVERTIME/COMPENSATORYI request to work extra time from _____ through _____
(date) (hour) (date) (hour)

totaling _____ hour(s).

Credit as follows:

_____ Extra Straight Time (must be paid)
_____ Overtime (time-and-one-half to be paid)
_____ Compensatory Time (time-and-one-half to be carried)

Remarks: _____

Employee's Signature: _____ Date: _____

APPROVAL BY SUPERVISOR _____ Approved _____ Denied

Supervisor's Signature: _____ Date _____