

Workforce Solutions of Central Texas Request for Overtime/Leave

Employee Name *(First Last):*

OVERTIME

Date(s) for Overtime:

Overtime Hours:

Purpose of Overtime:

FISCAL USE ONLY

FLSA Exempt

FLSA Non Exempt

Compensatory @1x

Compensatory @ 1½x

Employee Signature:

Date:

Supervisor Approval:

Date:

LEAVE

TOTAL HOURS	LEAVE TYPE	DATE(S) <i>(indicate hours if less than 8 hours per day)</i>
	Annual	
	Sick	
	Leave w/o Pay	
	Jury Duty	
	FMLA*	
	Compensatory	
	Other (explain below)	

(use this space for **Other** explanation)

**May require certification or documentation. Indicate number of days(d) or weeks(w) required. Regular and sick leave will run concurrently with FMLA leave.*

Employee Signature:

Date:

Supervisor Approval:

Date: