Form No. P/R-107
Leave

City Of Montebello
TIME EXCEPTION SLIP
(Request For Leave/Overtime/Correction/Move Down/Up)

Employee Name _____ Dept. # _____ Pay Period Ending Date _____

                Last   First

Employee # _____

Date(s)	Annual Leave	Sick Annual Leave	Admin. LV (MGMT)	Comp. Time Off (CTO)	Vacation (Fire)	Holiday (Fire)	Sick Leave (Fire)	Jury Duty	Military Leave	Bereavement	Leave Of Absence	Other	Healthy Sick	*Comments*
_____														
_____														
_____														
_____														
_____														
_____														
TOTAL														

List Number Of Hours Per Box

TOTAL HOURS

Bereavement Leave (please check)

☐ Spouse ☐ Mother ☐ Sister ☐ Grandmother ☐ Grandchildren ☐ Mother-in-Law
☐ Child ☐ Father ☐ Brother ☐ Grandfather ☐ Father-in-Law

Leave of Absence/Other:

☐ Authorized ☐ Unauthorized ☐ With Pay ☐ Without Pay Specify: _____

Form No. P/R-108
Overtime/Others

Date(s)	OT (1.0)	OT (1.5)	CTE (1.0)	CTE (1.5)	Stand-By	Holiday	Other	*Justification*	Cost Center/Grant #
_____									
_____									
_____									
_____									
_____									
TOTAL									

List Number Of Hours Per Box

TOTAL HOURS

Correction Slip

Date(s)   Justification

_____ Sent in As _____ hours of _____ Should be _____ hours of _____ _____

_____ Sent in As _____ hours of _____ Should be _____ hours of _____ _____

Fire Move Down/Up Slip

Date(s)	Circle One	Hours	Circle One	Reg/OT Rate	Move Up/Down Rate	Justification/Position
_____	Move Up / Down	_____	REG OT	$ _____ /	$ _____	_____
_____	Move Up / Down	_____	REG OT	$ _____ /	$ _____	_____

Phone Request: _____

Employee's Signature   **Date**   Date & Time

Approving Authority: **Date**   **Department Head's Signature**   **Date**