

Jackson School of International Studies

Leave Request/Overtime Authorization

_____ Annual Leave	_____ Leave Without Pay (requires prior approval)
_____ Bereavement Leave	_____ Military Leave
_____ Civil Leave	_____ Sick Leave
_____ Comp Time Used	_____ Request to work
_____ Personal Holiday	_____ Comp Time _____ Paid Time

Name: _____ Dates: _____

Time of Day: _____ to _____ Total Hours: _____

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____