

**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	
_____ Hour	_____ Date	_____ Hour	_____ Date		_____ Hours
CHARGED TO _____					
Account Number				Account Title	

**VACATION AND PERSONAL LEAVE**

FROM		TO		TOTAL TIME	
_____ Hour	_____ Date	_____ Hour	_____ Date		_____ Hours

**SICK LEAVE**

FROM		TO			
_____ Hour	_____ Date	_____ Hour	_____ Date		_____ Hours

**FAMILY & MEDICAL LEAVE** (Must have prior departmental approval)

FROM		TO		TOTAL TIME	
_____ Hour	_____ Date	_____ Hour	_____ Date		_____ Hours

**FUNERAL LEAVE** (Relative ONLY)

FROM		TO		TOTAL TIME	
_____ Hour	_____ Date	_____ Hour	_____ Date		_____ Hours

Indicate Relationship: \_\_\_\_\_

**OTHER LEAVE** (Jury Duty, Military Leave, etc.)

FROM		TO		TOTAL TIME	
_____ Hour	_____ Date	_____ Hour	_____ Date		_____ 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.