

GENERAL SERVICES DEPARTMENT Leave & Overtime Request

SAMPLE S3

NAME: _____ DATE REQUESTED : _____

TIME OFF (Circle)		START		END		HOURS	*FAMILY MEMBER RELATIONSHIP REQUIRED (FGL & BRVMT)
		DATE	TIME	DATE	TIME		COMMENTS
SICK LEAVE	*FAMILY SICK						
SICK LEAVE	*FAMILY SICK						
ANNUAL LEAVE	COMP TIME OFF						
ANNUAL LEAVE	COMP TIME OFF						
ADMIN LEAVE	W/C (Verification required)						
FLOATING HOLIDAY	#1 #2						
MIL BLOOD TUITN UNION	*BRVMT						
JURY	(Except for shift employees, this is actual time off, verification required)						
LWOP	(Prior Dept Head approval required)						
OTHER TIME WORKED (Circle)		START		END		HOURS	WHY WAS OVERTIME / COMP TIME / CALLBACK AUTHORIZED
		DATE	TIME	DATE	TIME		JUSTIFICATION REQUIRED
OT PAY	COMP TIME						
OT PAY	COMP TIME						
OT PAY	COMP TIME						
CALL BACK Paid (Actual Hours Worked)	Extra Help hours not previously recorded						
CALL BACK Paid (Actual Hours Worked)	Extra Help hours not previously recorded						

EMPLOYEE SIGNATURE _____

SUPERVISOR SIGNATURE _____

SUPERVISOR APPROVAL DATE _____

SOLANO COUNTY PROBATION DEPARTMENT

475 Union Avenue
Fairfield, CA 94533-6332
(707) 784-7600

To: _____

Date: _____

Dear _____

An appointment has been made for you by the undersigned officer on:

_____ at _____

Location: _____

Regarding: _____

Should this be impossible due to an **emergency**, call immediately.

Phone: _____

Deputy Probation Officer