SAMPLE S4

SOLANO COUNTY HEALTH AND SOCIAL SERVICES
ADJUSTED TIME OFF REQUEST

NAME (Print) _____
First MI Last

I hereby request approval of absence from my duties and approval to adjust the absence with hours worked outside of my normal work schedule. The requested absence and adjustment are in the same 40-hour workweek.

REQUESTED ABSENCE

TIME	FROM		TO	
Hour : Qtrs.	Hour	Date	Hour	Date
:				
:				
:				
:				
:				
TOTAL				
:				

REQUESTED ADJUSTMENT

TIME	FROM		TO	
Hour : Qtrs.	Hour	Date	Hour	Date
:				
:				
:				
:				
:				
TOTAL				
:				

Reason for absence

_____

_____

Signed _____ [ ] Disapproved
(Employee) (Date) [ ] Approved _____
(Supervisor) (Date)

48-1-173 (Rev.08/05) DISTRIBUTION: Original - Supervisor Copy - Employee (FORMS3) (IBM)

SOLANO COUNTY HEALTH & SOCIAL SERVICES DEPARTMENT

REQUEST FOR OVERTIME

For employee with overtime codes 02, 03, or 09, check one:
(for 02, applicable only if comp balance is over 40)

ALL OVERTIME REQUIRES PRIOR APPROVAL

[ ] I request compensatory time for this overtime worked.

[ ] I request pay for the overtime worked.

NAME (print) _____

CLASSIFICATION _____

NOTE: OVERTIME IS GRANTED IN 1/4 HOUR INCREMENTS ONLY.

DATE	OT REQUEST FROM	TO	TOTAL OT HRS REQUESTED	REASON FOR OVERTIME (be specific)

Signed: _____ Date: _____
Employee

Signed: _____ Date: _____
Supervisor

Signed: _____ Date: _____
Program Manager

NOTE: If an employee had time off (except CTO) during the week, all or some of the hours identified above will be compensated, per MOU, at straight time.

[ ] GRANTED [ ] DENIED COMMENT: _____

_____

48-1-154 ES (1/96)

Distribution: White → Supervisor
Yellow → Employee