



STEWART CENTER REQUESTING AND REPORTING OF ABSENCE/OVERTIME

Name _____

<u>REQUESTING</u>	Date	Hours		Date	Hours
USED			EARNED		
<input type="checkbox"/> Vacation _____			<input type="checkbox"/> Overtime (Pay) _____		
<input type="checkbox"/> Sick Leave _____			<input type="checkbox"/> Overtime (Comp Time) _____		
<input type="checkbox"/> Personal Necessity _____			<input type="checkbox"/> Straight Overtime (Pay) _____		
<input type="checkbox"/> Unexplained Personal Necessity _____			<input type="checkbox"/> Straight Overtime (Comp Time) _____		
<input type="checkbox"/> Comp Time Use _____					
<input type="checkbox"/> Other (_____) _____					
<input type="checkbox"/> Adjusted Work Schedule _____					
Date: From _____ To _____					
Hours: From _____ To _____					
Explanation: _____					

<u>REPORTING</u>	Date	Hours		Date	Hours
USED			EARNED		
<input type="checkbox"/> Sick Leave _____			<input type="checkbox"/> Overtime (Pay) _____		
<input type="checkbox"/> Personal Necessity _____			<input type="checkbox"/> Overtime (Comp Time) _____		
<input type="checkbox"/> Unexplained Personal Necessity _____			<input type="checkbox"/> Straight Overtime (Pay) _____		
<input type="checkbox"/> Comp Time Use _____			<input type="checkbox"/> Straight Overtime (Comp Time) _____		
Explanation: _____					

Employee's Signature _____

Date _____

Supervisor's Signature _____

Date _____

Approved

Denied