



CITY OF PITTSBURG

REQUEST FOR LEAVE OR OVERTIME

Employee Name: _____

Date of Request: _____

Leave Type	# of Hours Requested	# of Hours Available
Vacation		
Comp Time Off		
Floating Holiday		
Admin. Leave		
Leave Without Pay		

Leave Type	# of Hours Requested	# of Hours Available
Sick Leave		
Personal Necessity		
Funeral Leave		
Jury Duty Leave		
Overtime/Comp Time		

Total Hours Requested: _____

Reason for Overtime/Comp Time:

Specify: _____

Reason for Personal Necessity:

Appointment with professional of business only available during normal business hours.

Unforeseen emergency. Specify: _____

Other. Specify: _____

Date(s) and Time(s)* Requested:

*Specify the start and end time of request for each date (i.e. 3-5pm)

	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Time					
	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Time					

Request for leave noted on the Department Out-of-Office Calendar in Outlook.

I have arranged with the following staff to perform these duties in my absence:

Request is approved

Request is denied

Specify: _____

Supervisor Signature: _____ Date: _____