



City of Pittsburgh

REQUEST FOR LEAVE OR OVERTIME

Employee's Name: _____

Today's Date: _____

Request For:

- | | | | |
|-----------------------------|--------------------------|----------------------------------|--------------------------|
| Work for Overtime (reason) | <input type="checkbox"/> | Vacation | <input type="checkbox"/> |
| Work for Comp Time (reason) | <input type="checkbox"/> | Sick Leave | <input type="checkbox"/> |
| Comp Time Off | <input type="checkbox"/> | Personal Necessity (reason) | <input type="checkbox"/> |
| Floating Holiday | <input type="checkbox"/> | Funeral Leave | <input type="checkbox"/> |
| Administrative Leave | <input type="checkbox"/> | Jury Duty Leave (attach summons) | <input type="checkbox"/> |
| Military Leave | <input type="checkbox"/> | Leave without Pay | <input type="checkbox"/> |

Reason for Personal Necessity:

- Appointment with professional who is only available during normal business hours.
- Business with an entity that is only open during normal business hours.
- Unforeseen emergency. Specify: _____
- Other. Specify: _____

Reason for working for overtime/comp time: _____

Date(s) Requested - From: _____ Through: _____
(date & time) (date & time)

Total Hours Requested: _____

Employee's signature: _____

Approved By: _____ Leave Hours Available: _____ Verified by: _____

Supervisor: _____ Date: _____

Department Head: _____ Date: _____

If Denied:

Reason: _____

By Whom: _____ Date: _____