

Eastern Washington University

Request for leave and/or Overtime

Name _____

EWU Identification Number

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Overtime only (check if applicable)

to be paid at 1.5 times

to take comp time off

I hereby request the approval of the following leave and/or overtime.

Type	From				To				Total	
	Hour	Month	Day	Year	Hour	Month	Day	Year	Hours (use decimals)	

Employee's Signature

Date

Supervisor's Signature

Date