



CITY OF FORT OGLETHORPE

REQUEST FOR LEAVE/OT

Name: _____

Week Ending: _____

Type of Request:

Annual Leave

Training/Conference

Sick Leave

Overtime*

Other: _____

Request Turned in to: _____

Date & Time Given: _____

Training/Conference: _____

<i>DAY</i>	<i>DATE</i>	<i>HOURS</i>	<i>REMARKS / *REASON FOR OVERTIME</i>
<i>MONDAY</i>			
<i>TUESDAY</i>			
<i>WEDNESDAY</i>			
<i>THURSDAY</i>			
<i>FRIDAY</i>			
<i>SATURDAY</i>			
<i>SUNDAY</i>			

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Dept. Head Signature: _____

Date: _____