VILLAGE OF INDIAN HILL
REQUEST FOR OVERTIME/LEAVE

EMPLOYEE: _____

REQUEST:

☐ OVERTIME From: _____ a.m./p.m. on _____
Until: _____ a.m./p.m. on _____
Reason for Overtime: _____

☐ COMP TIME CONVERSION - Convert _____ hours of Overtime to Comp Time.

☐ LEAVE From: _____ a.m./p.m. on _____
Until: _____ a.m./p.m. on _____
For a total of _____ hour(s)

☐ VACATION
☐ PERSONAL
☐ INCENTIVE PERSONAL
☐ COMP TIME
☐ SICK LEAVE
☐ DOCTOR'S APPT.
☐ ILLNESS - NATURE OF ILLNESS: _____
☐ INJURY - NATURE OF INJURY: _____
☐ FUNERAL LEAVE - Relationship to Deceased: _____

I verify that the above information is accurate to the best of my knowledge.

	SIGNATURE	DATE
EMPLOYEE:	_____	_____
☐ Recommended ☐ Not Recommended	_____ Supervisor	_____
☐ Recommended ☐ Not Recommended	_____ City Manager	_____