



# Kentucky State University

## Request For Leave/Overtime/Comp-Time (63-21A)

**Instructions:** Please try to request leave as far in advance of your absence as possible. If unable to request leave prior to a necessary absence, please notify your Department Chairperson or Director and request leave by this form immediately upon return to work.

Employee Name: \_\_\_\_\_

Department for \_\_\_\_\_  Request for Leave

Division of \_\_\_\_\_  Request for Overtime  
ACCOUNT No. \_\_\_\_\_

I request \_\_\_\_\_ Hour(s) leave for the period:

beginning \_\_\_\_\_

Hour

Month

Day

Year

ending \_\_\_\_\_

Hour

Month

Day

Year

Overtime Worked

Compensatory Time Worked

### Charge Leave To:

Annual

Sick

Compensatory

Military

Other Paid

Without Pay

Unauthorized Leave Without Pay

Purpose \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Approving Officer

\_\_\_\_\_  
Date

### TO BE COMPLETED BY TIME CLERK

Posted

Cancelled

By \_\_\_\_\_

Date \_\_\_\_\_

Balance of Leave:

Annual \_\_\_\_\_

Sick \_\_\_\_\_

Overtime \_\_\_\_\_

Comments: \_\_\_\_\_