

## Absence & Overtime Approval Form

### EMPLOYEE DETAILS

<b>Employee Name:</b>	Insert Full Name	<b>Today's Date:</b>	DD/MM/YYYY
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### ABSENCES

<b>First Day of Absence:</b>	DD/MM/YYYY	<b>Date of Return:</b>	DD/MM/YYYY
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#### Paid Time Off

<input type="checkbox"/> Vacation	<input type="checkbox"/> Training	<input type="checkbox"/> Scheduled Medical Leave
<input type="checkbox"/> Family Member Illness	<input type="checkbox"/> Bereavement Leave	<input type="checkbox"/> Other. Provide details

#### Unpaid Time Off

<input type="checkbox"/> Jury Duty	<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Other. Provide details, e.g. Exhausted paid time-off benefits
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### OVERTIME PRE-APPROVAL

Overtime **will not** be recognized – under any circumstances – unless this form is submitted prior to working additional hours.

<b>Anticipated Date(s) of Overtime</b>	DD/MM/YYYY	<b>Justification for Overtime Worked</b> Insert DETAILED JUSTIFICATION for overtime requirement.
<b>Anticipated Overtime Hours</b>		

### SIGNATURE & APPROVALS

<b>Employee Name</b>	Date	Signature
<b>Manager</b>	Date	Signature.
<b>Name &amp; Title</b>		

Managers who regularly approve unscheduled overtime may be asked to review departmental resources for options to optimize workloads.

Second level management signature only required for overtime approval.

<b>2nd Level Manager</b>	Date	Signature
<b>Name &amp; Title</b>		