

# Eastern Washington University

## Request for leave and/or Overtime

Name \_\_\_\_\_

EWU Identification Number

--	--	--	--

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