



**Chicago Department of Family and Support Services
Office of Human Resources
REQUEST FOR LEAVE
AND
COMPENSATORY TIME/OVERTIME AUTHORIZATION**



**This form is to be used for scheduled absence, AWOL (if leaving work unauthorized) and overtime/comp time.
*Time must be listed in hours**

EMPLOYEE NAME: _____

EMPLOYEE NO.: _____

DIVISION: _____

LOCATION/TELEPHONE: _____

ACTION REQUESTED

HOURS*

HOURS*

- Administrative Leave _____
- Compensatory Time Earned _____
- Compensatory Time Used _____
- Death in Family _____
- Educational Leave _____
- Jury Duty _____
- Overtime _____
- Personal Day _____
- Sick - With Pay _____
- Vacation (1/2 day increments only) _____
- Leave of Absence (**Specify type**) _____
(Duty Disability, Maternity, Military, Medical or Personal)
- Other _____

- Absent - No Pay _____
- Sick - No Pay _____
- Furlough Day (Full day only) _____

DEPARTMENT FURLOUGH DAYS (select three)

- Friday, July 24, 2009 Monday, July 27, 2009
- Friday, Aug. 7, 2009 Monday, Aug. 10, 2009
- Friday, Sept. 25, 2009 Monday, Sept. 28, 2009

Work Date(s): _____

Comments/Reason: _____

Employee Signature: _____

Date Submitted: _____

APPROVALS

District Manager/Supervisor: _____ Date: _____ Yes _____ No _____

Assistant Commissioner/Division Head: _____ Date: _____ Yes _____ No _____

Deputy Commissioner's Signature: _____ Date: _____ Yes _____ No _____

***Required for all overtime and compensatory time requests**

Director of Human Resources: _____ Date: _____ Yes _____ No _____

Commissioner's Signature: _____ Date: _____ Yes _____ No _____

***Required for all Deputy and Administrative leave requests**

FOR EDITOR/AUDITOR USE ONLY

Request completed by: _____ Date: _____

THIS IS AN OFFICIAL DOCUMENT - DO NOT REVISE

DISTRIBUTION: THE ORIGINAL FULLY EXECUTED FORM SHOULD BE ROUTED TO THE OFFICE OF HUMAN RESOURCES THE NEXT BUSINESS DAY
COPY TO THE SUPERVISOR
COPY TO THE EMPLOYEE

FOR EDITOR/AUDITOR USE ONLY

COMP TIME []	PERSONAL []	SICK TIME []	VACATION []
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