



UCSD DEPARTMENTAL APPROVAL OF ABSENCE OR OVERTIME

Emp Name _____

Emp ID # _____

FROM		TO		TOTAL HOURS	CHECK ONE:		REASON FOR ABSENCE OR TYPE OF OVERTIME AND PROJECT
DATE	HOUR	DATE	HOUR		ABSENCE	OVERTIME	

Charge Absence to:

_____ Hours Sick Leave

_____ Hours Vacation

_____ Hours Compensatory Time Off for Overtime worked

_____ Hours without pay

Absences for jury duty, voting or military physicals are paid without charging time above.

FO 2104

Overtime Compensation:

_____ Hours Pay

_____ Hours Accumulated for Comp Time Off

Prepare in advance of absence when possible or immediately upon return. Define overtime if call-back, make-up, dual employment or extended work week. No overtime is to be worked without prior approval.

Employee Signature

Immediate Supervisor

Other Approval if necessary