

# Flagler County Board of County Commissioners Leave/Overtime Request

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

Date \_\_\_\_\_

Employee ID# \_\_\_\_\_

Department \_\_\_\_\_

## DESCRIPTION

- |                                                                                                                                                                                                                |                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>PL</b> Personal Leave</p> <p><b>MLP</b> Medical Leave during Probation</p> <p><b>FMLA</b> Family Medical Leave Act</p> <p><b>JD</b> Jury Duty (Jury Notice Required)</p> <p><b>ML</b> Military Leave</p> | <p><b>FL</b> Funeral Leave</p> <p><b>WCD</b> Workman's Comp/Disability</p> <p><b>ALA</b> Approved Leave of Absence</p> <p><b>DLA</b> Disapproved Leave of Absence</p> <p><b>OT</b> Overtime (Fire Rescue employees)</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Description	Hours	Dates of Leave/Overtime	
		Begin	End
		Date _____	_____
		Time _____	_____
		Date _____	_____
		Time _____	_____
		Date _____	_____
		Time _____	_____
		Date _____	_____
		Time _____	_____
	Total Hours		

This form may be used during one pay period only. If your request extends through more than one pay period, a separate form for each pay period must be submitted.

### Authorization

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**OVERTIME EMPLOYEES:**

I certify that I have worked \_\_\_\_\_ hours over forty (40) during this work week as recorded on my time card and I am approved to be paid for the overtime.

Employee Signature : \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_