



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:

Overtime Compensation:

_____ Hours Sick Leave

_____ Hours Pay

_____ Hours Vacation

_____ Hours

_____ Hours Compensatory Time Off for Overtime worked

Accumulated for Comp Time Off

_____ Hours without pay

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

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