

**FIVE COUNTY ASSOCIATION OF GOVERNMENTS
 APPROVAL OF OVERTIME AND
 APPLICATION FOR LEAVE**

Employee: _____ Date: _____

Permission is requested for the following type of leave for the indicated period:

<u>Type of Leave</u>	<u>No. of Days / Hours Requested</u>
<u>Annual (inclusive dates):</u> _____	_____
<u>*Sick (inclusive dates):</u> _____	_____
<u>Other [] (inclusive dates):</u> _____	_____

Code: C = Compensatory D = Death Emergency W = Leave Without Pay

Signature of Employee _____ Date: _____

Approved by: _____
Immediate Supervisor
Executive Director

* Doctor's statement required if sick leave is in excess of three (3) consecutive working days

Permission is requested to complete the following assignment after the normal working hours:

<u>Date</u>	<u>Activity</u>	<u>Location</u>	<u>Estimated Hours</u>
_____	_____	_____	_____

Approved by: _____
Immediate Supervisor
Executive Director