



CAMBRIA COMMUNITY SERVICES DISTRICT

P.O. Box 65, Cambria, CA 93428-0065, Tele. 805/927-6223 · FAX 805/927-5584

LEAVE OF ABSENCE/OVERTIME REQUEST FORM

Name _____ Department _____

Classification Title _____ Today's Date _____

LEAVE OF ABSENCE

- Vacation
 Sick Leave-Self
 Sick Leave-Family
 Admin. Leave
 Comp Time
 Float Holiday
 Bereavement
 Leave Without Pay
 Other - Specify _____

Date (From) _____ Time (From) _____ am/pm

Date (To) _____ Time (To) _____ am/pm

Date (From) _____ Time (From) _____ am/pm

Date (To) _____ Time (To) _____ am/pm

PAY CODE	HOURS ACCRUED	HOURS REQUESTED	HOURS REMAINING

Remarks: (Also to be used for change of address & telephone no.) _____

Relationship of family member if applicable (for family sick leave, bereavement, etc.) _____

OVERTIME REQUEST

- Overtime Pay
 Compensatory Time Accrual

Date (From) _____ Time (From) _____ am/pm

Date (To) _____ Time (To) _____ am/pm

Date (From) _____ Time (From) _____ am/pm

Date (To) _____ Time (To) _____ am/pm

PAY CODE	HOURS ACCRUED (for CA)	HOURS REQUESTED	HOURS REMAINING (for CA)

Reason for Overtime _____

APPROVAL

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____