THIS FORM IS FILLABLE. Complete, Save to your F: drive, Print and Submit for Approval

Howard County Fire and Rescue Services
Leave / Overtime Request

Name _____ EID # _____
Last First Middle

Shift ☐ A ☐ B ☐ C ☑ Staff Station _____

☐ Annual (ANN) ☐ Sick (SCK) ☐ Official Leave (OFF) ☐ Compensatory ☐ Personal (PER) ☐ Other
☐ Union Leave (UNL) ☐ Funeral Leave (BRV) ☐ Court Time (CTO) ☐ Jury Duty (JUR) ☐ Military (MIL)

☑ Overtime
☐ 1 Call (CLF) ☐ 3 Training Academy ☐ 5 Special Program ☐ 6 Training
☐ 2 Staffing (OVT) ☐ 4 Call Back (CLF) ☐ 7 Other _____
☐ Kelly Day Worked

DATE=m/d/yyyy; TIMES=HH:MM

Shift Dates	# Hours	Time Start	Time End	Payroll Code
				290

Total Hours

Comments

Annual Medical Physical

Employee's Signature _____ Date _____

☐ Approved ☐ Disapproved

_____ *Shift Supervisor* _____ *District Officer*

_____ *Date* _____ *Date*

Leave/Overtime Request Form Online Version 1.1-4/28/2006

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