

# OVERTIME AND LEAVE AUTHORIZATION FORM

For Departmental Use Only



# St. Thomas University

<b>Employee Name:</b>	
<b>Title:</b>	
<b>Department:</b>	
<b>Director/Supervisor:</b>	

51 Dineen Drive

Fredericton, NB

E3B 5G3

## Overtime Request

Type of Overtime	Date Requested	Start & End Time	Estimated Overtime Hours Requested	Reason for Overtime Request

NOTE: Overtime will only be paid for actual time worked to a maximum of the approved total hours

## Leave of Absence Request

Type of Leave Request	Leave With/Without Pay	Requested Start Date	Requested End Date	Total Number of Days Requested

## Request Authorization

**Employee's Signature:**

**Supervisor's Signature:**

**\*Authorized by Director of Human Resources (If Applicable):**

**Authorization Date:**