

Hillsborough Community College LEAVE/OVERTIME FORM

NAME: _____ DEPT: _____ ADMINISTRATOR _____ FACULTY _____

SSN: _____ CAMPUS: _____ EXEMPT _____ NON-EXEMPT _____

| BEGIN | | END | | | | | | | | |
|-------|----|-----|----|------|----|----|----|----|----|----|
| CD | TH | CD | FR | CDSA | CD | MO | CD | TU | CD | WE |
| | | | | | | | | | | |
| | | | | | | | | | | |

COMMENTS _____

EMPLOYEE _____ DATE _____
 SUPERVISOR _____ DATE _____
 UNIT ADMINISTRATOR _____ DATE _____

CODES: SK - SICK CE - COMP EARNED PL - PERSONAL PO - PROFESSIONAL
 VA - VACATION FM - FMLA LW - UNPAID LEAVE OT - OVERTIME

PAYROLL USE _____