

**College of Engineering
Overdrawn Leave Request**

Employee Name: _____

PSID: _____

Month Leave Will Be Deducted: _____

Amount of Overdrawn Sick Leave: _____

Amount of Overdrawn Vacation Leave: _____

Departmental Contact Signature

Date

Employee Signature

Date

Any overdrawn leave request should be submitted by the College Additional Pay Deadline to the College of Engineering Personnel Office.