

ATTACHMENT IV

COUNTY OF LOS ANGELES-DEPARTMENT OF MENTAL HEALTH

**REQUEST FOR OVERTIME OR TIME OFF
(ROTO)**

		Pay Location	
		Program	
Employee Number	Employee's Name	Payroll Title	

Supervisor's Name	Title

Request Permission To Work Overtime			
PRIOR AUTHORIZATION IS REQUIRED FOR OVERTIME REQUESTS			
Overtime Code	Date(s)	No. Of Hours	Start/End Time
Justification:			

Request Permission To Take Time Off			
Absence Code(s)	Date(s)	No. Of Hours	Start/End Time
Justification:			

Approved
 Denied
 See Me

Employee Signature: _____
 Date: _____
 Supervisor's Signature: _____
 Date: _____

Program Manager/Division Chief: _____
 Date: _____
 Director: _____
 Date: _____

TELEPHONIC NOTIFICATION OF ABSENCE			
Employee's Name:		Payroll Title:	
Date(s) Absence:		Reason For Absence:	
Anticipated Length Of Absence:	Hours	Time Requested:	
Form Completed By:	Date:	Time:	

Absence Codes:	Sick	S	Vac. In Lieu of Pay	VILOP	Vacation	V
	Authorized without Pay	AWOP	Personal Time	P	Holiday	H
	Elective Leave	EAL	Non-Elective Leave	NAL	Bereavement	B
	Special Paid Leave	SPL	Use Accrued Overtime	E	Training	T
Overtime Codes:	Overtime Paid	OP	Overtime Accrued	OA	Straight Time Paid/Half Time (Nurses Only)	OS

Note: See back of this form for instructions. For complete list of Absence Codes, see back of the employee timecard.