Public Health Service

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

CREDIT HOURS REQUEST

1. Name:	2. Organizational Unit:

3. Pay Period:

Begining Date _____ Ending Date _____

CREDIT HOURS TO BE WORKED / USED

Check One (✓)		Date:	From: am / pm	To: am / pm	Total Hours Requested:	Supervisors Approval & Date:
Request to Work:	Request to Use:					

4. Request:

I request to work and/or use credit hours for the period(s) stated in Item #3 above. I understand that the credit hours earned in this pay period must be used within two pay periods following the pay period in which they are earned, otherwise they will be lost. Credit hours must be earned before they may be used.

_____ _____

Employee's Signature Date

Earned: _____ Used: _____