OSTI F 3610.4
(09-02)

OSTI CREDIT HOUR REQUEST

Employee: _____

Pay Period Beginning: _____

Credit Hours Earned and Used				
Date	Time Start/Stop	Total Hours		Remarks
		Earned	Used	
TOTALS				

Note: Please report hours and minutes as follows: .15 .30 .45 or 1.15 3.45

Supervisor Approval: _____