



Time Off Request Form

Employee Name: _____

Location Name: _____

Job Title: _____

Manager: _____

Reason:	<input type="checkbox"/> PTO	<input type="checkbox"/> Unpaid Time Off	<input type="checkbox"/> Military	<input type="checkbox"/> LOA/FMLA
	<input type="checkbox"/> Sick	<input type="checkbox"/> Bereavement	<input type="checkbox"/> Jury Duty	<input type="checkbox"/> LOA/Non-FMLA

Begin: _____ End: _____ All Day
Date Time Date Time

Total Time to be Used: # of Days: _____ # of Hours: _____

NOTE: PTO may be used in less than full day increments, minimum of one (1) hour.

All requests must be submitted two weeks or more in advance to absence. Unplanned time away, form must be completed upon return to work.

Employee Signature

Date

MANAGER/DIRECTOR APPROVAL

APPROVED

DENIED

Reason for Denial: _____

Manager/Director Signature

Date

Total earned and available time as of this request: _____ PTO Balance as of _____

Total earned and available time as of this request: _____ Sick Balance as of _____

FOR HUMAN RESOURCES USE ONLY

PTO verified by: _____