



Let our family take care of yours.

Request For Time Off

Employee: _____ Date: _____

Vacation Time of Paid Time Off (PTO):

Beginning Date: _____ End Date: _____

Return to Work on: _____

Total Days Off: _____ Total Hours Off: _____

Will this be: **Paid** **Unpaid**

Total hours to be paid from vacation/PTO hours accrued: _____

Please be sure PTO has been APPROVED PRIOR to scheduling PTO days.

Reason for PTO:

If traveling, to where? _____

*Upon returning from your travel, particularly in areas with widespread transmission, individuals *may be* asked to self-quarantine for 10 days and monitor your health daily. People with COVID-19 have had a wide range of symptoms, from mild to severe illness, which may appear 2-14 days after exposure to the virus.

Employee Signature: _____

Approved by: _____ Date: _____