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 <u>APPROVED PRIOR</u> to scheduling PTO days.

Reason for PTO:

_____

_____

_____

Employee Signature:_____

Approved by:_____Date:_____

Submitted to HR Date: _____