



PTO / TO/ Vacation - Request Form

Employee Name: _____

Department: _____ Supervisor: _____

Start Date	End Date	Total Days	Reason Code
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		

Reason Codes:

- PV – Paid Vacation Day:** Where employee has worked a holiday and is owed a vacation day.
- V- Vacation Day Unpaid:** Taking a holiday vacation day that is not part of the vacation package at SESC
- F - Floater Day:** These are days given to you to use at your choice of time.
- PL - Personal Leave Paid (pto):** Taking time off for personal reasons.
- PU - Personal Leave Unpaid:** Taking time off for personal reasons.
- M - Maternity & Family Care Leave Unpaid :** Taking time off after giving birth.
- MU - Pregnancy Disability Leave Unpaid:** Taking time off after giving birth.
- MED – Medical Leave Unpaid:** non-occupational illness or disability, *other than* pregnancy, childbirth, or related medical condition.
- JD – Jury Duty Paid:** one day of jury duty is allowed to be paid by SESC
- JDU – Jury Duty Unpaid:** additional days of jury duty taken.
- MIL – Military Leave Unpaid:** An unpaid leave of absence for required military service.
- WC – Workers Compensation:** A leave of absence because of work-related illness or injury.
- BL – Bereavement Leave paid:** A paid leave of absence to attend the funeral of an immediate family member.
- FLIM – Funeral Leave paid:** When a death occurs in an employee’s immediate family.
- NFMFL –Non Family Member Funeral Leave paid:** one day to attend the funeral of a close, non-family member.
- ATF – Additional Time Off For Funeral unpaid:** in the instance of the death of an immediate family member.
- O- Other - Please explain:** _____

[**note** you do not need to submit this form to take a SESC Paid holiday as described in the handbook]

Employee Signature

[by signing this document employee agrees to the accuracy of above reasons for leave and verifies all information on this document is true and understands that any false statements or inputs above can result in termination]

_____ **Date**

Additional comments by employee:

Manager Signature:

approve: _____

not approved: _____ **Date**

Additional comments by manager:
