



**PTO FORM**

TO: Human Resource Department

FROM:

DATE:

SUBJECT: Absence from Work

Preapproved:  Yes  No

**Due to:**

- |  |  |
|--|--|
| <input type="checkbox"/> Vacation            | <input type="checkbox"/> Personal Illness  |
| <input type="checkbox"/> Court               | <input type="checkbox"/> Family Illness    |
| <input type="checkbox"/> Medical Appointment | <input type="checkbox"/> Inclement Weather |
| <input type="checkbox"/> Bereavement         | <input type="checkbox"/> Other: _____      |

Available PTO time: \_\_\_\_\_

**I will be/was absent from work:**

Time Requested

Date:	Day of Week:
Date:	Day of Week:
Date:	Day of Week:
Date:	Day of Week:
Date:	Day of Week:

Total # Days:

*\*Note: A doctor's excuse may be required for any absence, regardless of time missed.*

*\*\*Note: If absence is due to an illness/injury and employee has missed (3) consecutive days, he/she must provide a fitness for duty slip before returning to work.*

**Action:**

- |   |   |
|---|---|
| <input type="checkbox"/> Deduct from PTO Time | <input type="checkbox"/> Deduct from paycheck (employee currently has no PTO balance) |
| <input type="checkbox"/> Other:               | <input type="checkbox"/> Doctor's excuse / release attached                           |

Employee Signature:

Supervisor Signature: