



PTO REQUEST FORM

Employee Name: _____ Manager: _____

Date(s) Requested: _____ to _____

Total Hours Requested: _____

PLEASE INDICATE THE REASON FOR YOUR REQUEST. SUBMIT THIS FORM AT LEAST TWO WEEKS IN ADVANCE. UNSCHEDULED AND EMERGENCY TIME OFF REQUIRES MANAGER NOTIFICATION AND COMPLETION OF THIS FORM. SUBMITTING THIS FORM IS NOT A GUARANTEE THAT THE REQUEST WILL BE APPROVED.

- _____ VACATION/PTO
- _____ JURY DUTY
- _____ BEREAVEMENT LEAVE
- _____ OTHER

Employee Signature: _____ Date: _____

Turn completed "Request Form" into Manager. **Leave is not approved until manager returns approved copy to employee:**

Approved: YES NO

Manager's Signature _____ Date: _____