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|  | PTO REQUEST FORM |

## Employee Information

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| --- | --- |
| Employee Name: |  |
| Date: |  |
| # Days Requested: |  |

***You must submit requests for absences, other than sick leave, two weeks prior to the first day you will be absent.***

***I understand that time away from work is subject to management approval and company policies. Your accrued PTO will be used to assist in covering your day off.***

|  |
| --- |
| Type of Absence Requested: |
|  | [ ]  | Sick | [ ]  | Vacation | [ ]  | Funeral/Bereavement |  |  |  |
|  | [ ]  | Military | [ ]  | Jury Duty | [ ]  | FMLA Leave  |  |  |
|  |

|  |  |
| --- | --- |
| [ ]  | Other \_\_\_\_\_\_\_\_\_\_\_\_  |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates of Absence: From: |  |  | To: |  |

|  |
| --- |
| Reason for Absence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  |  |
| --- | --- |
|  |  |
| Employee Signature | Date |

## Manager Approval

|  |  |  |
| --- | --- | --- |
|  | [ ]  | Approved |
|  | [ ]  | Denied |

|  |
| --- |
| Comments: |

|  |  |
| --- | --- |
|  |  |
| Manager Signature | Date |