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| --- | --- |
|  | PTO REQUEST FORM |

## Employee Information

|  |  |  |
| --- | --- | --- |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | |  | |

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

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

## Manager Approval

|  |  |  |
| --- | --- | --- |
|  |  | Approved |
|  |  | Denied |

|  |
| --- |
| Comments: |

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