

Time Off Request Form

Date: _____

Employee No: _____

Employee Name: _____

Date(s) Requested: _____

Are You Using PTO For This Time Off?
(circle yes or no)

YES

NO

PTO Dates Requested: _____

PTO Hours Requested: _____

*If you are requesting PTO for medical reasons i.e. medical appointments for you or your family, or time off due to illness for you or your family you may take it in 1.0 hour increments to fill out an 8.0 hour work day. If you are taking time off for any reason OTHER than medical you must take in **8.0 increments only.**

Employee Signature _____

Supervisor Signature _____

Note: Your available PTO hours are listed on your pay check stub.

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