

Paid Time Off Request Form

TO BE FILLED OUT BY EMPLOYEE AND GIVEN TO DIRECT REPORT FOR APPROVAL

Employee Name: _____ Today's Date: _____

Department: _____ Direct Report: _____

Type of P.T.O. Request:

<input type="checkbox"/> Vacation	<input type="checkbox"/> Sick	<input type="checkbox"/> Floating Holiday	<input type="checkbox"/> Funeral	<input type="checkbox"/> Other
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Dates:

I will be out of the office starting on _____ and returning to work on _____.

Dates/days in office during scheduled P.T.O if applicable:

Total Benefit days being used _____ Are any blackout dates requested? _____

I have contacted Human Resources by phone or e-mail and verified my PTO request meets all policy requirements.

Employee Signature: _____ Date: _____

TO BE FILLED OUT BY DIRECT REPORT

<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
Comments:	

Direct Report Signature: _____ Date: _____

TO BE FILLED OUT BY HUMAN RESOURCES

<input type="checkbox"/> Entered In Payroll	Date:
	Initials: