

TIME OFF REQUEST FORM

NAME: _____

DATE: _____

TOTAL PTO/VACATION USING _____

DATES TAKING: _____

UNPAID TIME

PERSONAL LEAVE _____ JURY DUTY _____

MILITARY RESERVE TRAINING/ACTIVE DUTY _____

Request for **VACATION/PTO** must be submitted at least 2 weeks in advance (one month for consecutive hours over 40)

SIGNATURE OF EMPLOYEE: _____ DATE _____

TO BE COMPLETED BY SUPERVISOR

APPROVED _____ PAID _____ UNPAID _____

Denied (include reason denial) _____

SUPERVISOR SIGNATURE: _____ DATE: _____

FOR HR USE ONLY

ENTERED BY: _____ DATE: _____