

2010

ENTERED
K _____
XLS _____

**PAID TIME OFF
REQUEST**

Employee Name:		Department:	
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Personal Time Off Must be taken in even-hour increments (2, 4, 6, 8 etc.)
(Prior supervisor approval REQUIRED)

Dates Requested	Hours	Dates Requested	Hours

Other Leave (Jury Duty, Leave Without Pay, Bereavement-MUST state relation)

Dates Requested	Purpose	Hours

Employee Signature: _____ Date: _____
Supervisor Signature: _____ Date: _____

Due by 11am MONDAY for time taken in the PRIOR week!
→ If received after 11am Monday, PTO will not be processed until the next payroll cycle.