TIME OFF REQUEST FORM

Employee Section

Date of Request: _____

Employee Name: _____ **Employee Number:** _____

Start Date of PTO: _____ **End Date of PTO:** _____

- ☐ Half Day (4 hours) - please indicate if:
  - ☐ First half of the day
  - ☐ Second half of the day
- ☐ Full Day (8 hours)

Total of Hours Off Requested: _____ _____

No. of hours with pay | No. of hours without pay

Reason for Time Off (select one of the options below):

- ☐ Vacation
- ☐ Sick
- ☐ Bereavement
- ☐ Maternity Leave
- ☐ Personal Leave
- ☐ Voting Leave
- ☐ Military Leave
- ☐ Jury Duty
- ☐ PTO
- ☐ Family/Medical Leave
- ☐ Other (please specify) _____

Explanation (optional): _____

_____

Employee Signature: _____ **Date:** _____

Supervisor Section

- ☐ Request Approved
- ☐ Request Denied

Remarks/Reason for Denying Request: _____

_____

Supervisor Signature: _____ **Date:** _____