**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:
* Full Day (8 hours)
 | * First half of the day
 | * Second half of the day
 |

| **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:** |  |
| --- | --- | --- | --- |