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