PAID TIME OFF REQUEST FORM

I. EMPLOYEE SECTION

Employee Name: _____ Department: _____

1. Please indicate the dates requested:

□ I request PTO (Paid-Time-Off) on the following date(s):

_____

Employee Signature: _____Date signed: ____/____/____

Note: This approval may be rescinded if you do not have enough PTO hours available on the date(s) requested off.

II. EMPLOYEE SECTION (complete for short-notice paid-time-off request)

If employee requests Paid-Time-Off on short notice, he/she may be required to find his/her own replacement.*

_____ will work _____
Print Name Date/Time

_____ will work _____
Print Name Date/Time

We, the undersigned, agree to work as noted above:

1. _____ 2. _____

***The requesting employee may be required to use Paid-Time-Off if they have not worked their minimal required hours in the pay period.**

Employee Signature: _____ Date signed: ____/____/____

III. SUPERVISOR SECTION

Date request was received: ____/____/____

Complete for Short-Notice Request:

Review to assure overtime will not be incurred by replacement. ( ) Completed _____ Initials

If approved, indicate change on schedule. ( ) Completed ( ) N/A _____ Initials

Your request has been: □ Approved □ Denied □ Referred to the Executive Director

Supervisor Signature: _____ Date Signed: ____/____/____