

PTO REQUEST FORM

EMPLOYEE:

TODAY'S DATE:

DEPARTMENT:

POSITION COVERAGE PROVIDED BY:

DATES REQUESTED OFF:

PERSONAL TIME:

VACATION TIME:

OTHER (SPECIFY):

OF HOURS REQUESTED:

IMMEDIATE SUPERVISOR:

DATE:

DEPARTMENT HEAD APPROVAL:

DATE:

Bottom Section to be returned to EMPLOYEE:

HR APPROVAL:

DATE:

HR DENIAL:

DATE:

HOURS PAID:

BALANCE OF HOURS: