

<COMPANY NAME>
TIME OFF REQUEST FORM

EMPLOYEE NAME: _____

EMPLOYEE ID: _____

DATE OF REQUEST: _____

BEGINNING DATE OF PTO: _____

ENDING DATE OF PTO: _____

TOTAL NUMBER OF HOURS REQUESTED: _____

REASON FOR TIME OFF:

- | | | |
|-----------------------------------|----------------------|---------------------------------------|
| <input type="checkbox"/> Vacation | Voting Leave | PTO |
| Sick | Family/Medical Leave | Leave of Absence |
| Bereavement | Military Leave | <input type="checkbox"/> Other: _____ |

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISOR APPROVAL SIGNATURE: _____

DATE: _____