



PTO REQUEST FORM

Employee Name: _____

SCHEDULED:

Vacation/Personal ()
Bereavement ()
Jury Duty ()

UNSCHEDULED:

Sick ()
Bereavement ()
Personal ()

Date(s) of Absence:

From: _____ Through: _____

Total # of days: _____ Total # of Hours: _____

Return date: _____

Supervisor Authorization:

Approved ()

Not Approved ()

Reason: _____

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____