

# Time Off Request

Name: \_\_\_\_\_ Emp.No. \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**12 -HOUR SHIFT EMPLOYEES ONLY - COMPLETE THIS SECTION IF REQUESTING PAY FOR PTO.**

\_\_\_\_\_ I am voluntarily requesting \_\_\_\_\_ Hours pay in lieu of taking time off.

## PLEASE COMPLETE THIS SECTION IF REQUESTING TIME AWAY FROM WORK

Hourly & Non-Exempt may request PTO in increments of one (1) hour or more.

Exempt Salaried employees must request PTO in full day increments.

PTO Requests must be received 24 hours prior to the event, where practical.

I am requesting \_\_\_\_\_ hours time away from work for one of the following reasons:

_____ PTO	Date: _____	From: _____	To: _____	Hours to be paid: _____
_____ Jury Duty	Date: _____	From: _____	To: _____	Hours to be paid: _____
_____ Funeral Leave	Date: _____	From: _____	To: _____	Hours to be paid: _____
_____ Other Explain Below	Date: _____	From: _____	To: _____	Hours to be UNPAID: _____

Explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## PTO Tracking Log

CARRY OVER HRS.	+ CURRENT ELIGIBILITY	= Total Hrs. Eligible	Less Hours Taken to Date	Less Hours THIS Request	Hours Remaining

*By signing , I indicate that I have read and understand the PTO Policy and recognize my responsibilities associated with this request and the accurate documentation of my time records.*

Employee's Signature \_\_\_\_\_ - Date \_\_\_\_\_

<i>Request is Approved:</i>	<i>Request is NOT Approved:</i>
---------------------------------	-------------------------------------

**\*Note: Supervisor must respond within 24 hours**

Supervisors Signature \_\_\_\_\_ - Date \_\_\_\_\_

\_\_\_\_\_  
**HR Managers Signature**

cc: Payroll  
Personnel File-Attendance Controller  
Supervisor  
Rev.2.1.12