**PTO Request**

**PTO Information**

Employee Name:  **Bryan Burgess**

Department:  **Facilities**

Manager:  **Sean Coser**

Type of Absence Requested:

Floating Holiday

Paid Time Off

Dates of Absence: From:  **October 7** To:  **October 10**

Date of Return Shift: \_\_\_\_\_\_\_\_\_October 14\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***All KNET/My Development Safety Training is up to date prior to PTO date:***  All Training is Current

# Coverage -

**Name Shift Initials of Covering Technician**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***You are responsible for finding coverage for your shifts.***

*You must submit requests for absences, other than sick leave,* ***two weeks*** *prior to the first day you will be absent.*

Bryan Burgess 8/27/20

|  |  |  |
| --- | --- | --- |
| *Employee Signature* |  | *Date* |
|  | **Manager Approval** |  |

Approved

Rejected

***Confirm all KNET / My Development Safety Training is up to date prior to PTO date:***  All Training is Current

Comments:

*Manager Signature Date*

*OFFICE USE ONLY*

Calendar

Tracking

Email