



PAID TIME OFF (PTO) / LEAVE REQUEST FORM

The Paid Time Off (PTO) / Leave Request Form is used by full-time regular staff in accordance with company policy. All time off requests require the approval of your immediate supervisor. Vacation Leaves must be filed two weeks in advance and *Sick Leaves must be filed within 24 hours from returning to work. For detailed information regarding the administration of paid time off, refer to the Code of Conduct and/or the Employee Handbook.

Date of Request:	May 21, 2014		
Employee Name:	Ludivina Marinas		
Type of Leave Requested:	Vacation Leave		
Please specify reason: (Note that the approval of this leave request may depend on the reason provided:	Type of Leave Requested:Type of Leave Requested:Type of Leave Requested:Type of Leave Requested:Type of Leave Requested:		
Start of Leave:	Date (mmm dd, yyyy):	May 21, 2014	Time (00:00 am): 02:00 pm
End of Leave:	Date (mmm dd, yyyy):	May 21, 2014	Time (00:00 pm): 05:00 pm
Total Number of Hours Requested:		4 hours	

Employee Signature: _____

APPROVALS

Immediate Supervisor

Action Required: Please check the Cebu Leave Credits spreadsheet for guidance on available leave credits.

Please check one:

- ☐ Approved WITH Pay
☒ Approved WITHOUT Pay
☐ Disapproved

NOTE: Going on leave despite disapproval amounts to AWOL

Remarks:

test

Immediate Supervisor Signature
and date signed:

May 21, 2014

Human Resources Department

- ☐ Cebu Leave Credits spreadsheet updated
☐ PayrollHero schedule updated

Remarks:

Human Resources Personnel Signature
and date signed:

Finance Department

- ☐ Payroll entries updated

Remarks:

Finance Personnel Signature
and date signed: