



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:		
Employee Name:		
Type of Leave Requested:		
Please specify reason: <i>(Note that the approval of this leave request may depend on the reason provided:</i>		
Start of Leave:	Date (mmm dd, yyyy):	Time (00:00 am):
End of Leave:	Date (mmm dd, yyyy):	Time (00:00 pm):
Total Number of Hours Requested:		

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

Immediate Supervisor Signature
and date signed:

NOTE: Going on leave despite disapproval amounts to AWOL

Remarks:

Human Resources Department

- ☐ Cebu Leave Credits spreadsheet updated
☐ PayrollHero schedule updated

Human Resources Personnel Signature
and date signed:

Remarks:

Finance Department

- ☐ Payroll entries updated

Finance Personnel Signature
and date signed:

Remarks:
