

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: (Note that the approval of this leave request may depend on the reason provided:		
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:		
Immediate Supervisor Action Required: Please check the Cebu Leave Credits spreadshee Please check one: Approved WITH Pay Approved WITHOUT Pay Disapproved NOTE: Going on leave despite disapproval amounts to AWOL Remarks:		OVALS
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: