



**Project
Partners**

Partners in Building Engineering Careers and Teams

Time Off Request

Partner's Name: _____

Date: _____

Position: _____

This form should be utilized for all requests of Leave of Absence or Paid Time Off (PTO) payments. Please submit all requests for approval at least ten (10) business days prior to start of Requested Leave or PTO.

Check appropriate boxes:

☐ **Request for PTO Cash out**

☐ **Request for Paid Time Off or Leave of Absence**

Leave of Absence

____ Family Leave

____ Medical Leave

____ Military Leave

____ Pregnancy Disability

____ Personal Leave

Paid Time Off (PTO)

____ Holiday

____ Sick

____ Vacation

____ Other

____ Personal

- ▶ Reason for time off: _____
- ▶ Duration of request: _____ First day of leave: _____
Expected date of return: _____
- ▶ Would this adversely impact your ongoing projects? _____
- ▶ Are any actions required to maintain client satisfaction? _____
- ▶ Specify PTO hours to pay: _____
- ▶ Special instructions: _____

Partner Signature: _____

Date: _____

Corporate Approval: _____

Date: _____