	FreshDire	ct - Pers	sonal Tin	ne Off (PTO) Request		
Employee:		Employee ID:					
Position:	Department:						
Supervisor:			•	-			
-							
Time Period Absent a	and Special Pi	O Request					
Absence From	(MM/DD/YY)		Absence To		_(MM/DD/YY)		
Actual Return	(MM/DD/YY)		Total Absence (# DAYS)				
Employee request to re Employee request to re * Only hourly employe ** Both requests require	ceive one week (ees are eligible	(5 days PTO) Christmas H	oliday Cash-In (Circle YES or NO)	·
Reason for Absence	(Category must be	e circled)					
☐ Illness		Person	al	☐ Vacation			
Ury Duty (attach jui	y summons)	Leave	of Absence	Company Bus	siness		
☐ Bereavement		_		_ , ,			
Notice Received and At	tached: (Circle Y	ES or NO)					
Approval (Form n	nust have signatur	es)					
Time off Report by							
	Em	Employee		Date			
Time off Annual							
Time off Approval Supe		risor/Manager		Date			
		- , · · · J ·					
Time off Audit							
HR Ad		inistration		Date	<u> </u>		
For Human Resource	Use Only						
Time Off Car	tegory	Entitled (Yes/No)	Accrued/ Earned	Days Requested	Balance of Days	Payroll Period Ending	
☐ Charge to PTO				1104	20,70		
☐ Charge to Floating Holida	у						
☐ Charge to Jury Duty							
☐ Charge to Bereavement							
☐ Charge to Other							
Request for Advance Vaca	ation PTO						
☐ Christmas Holiday PTO							

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