

Paid Time-Off

Request Form

Employee Name: _____ Request Date: _____
Department: _____ Hire Date: ____/____/____
Manager: _____

PTO Accumulation is for Full-Time employees based on the hours worked for the quarter (last 12 weeks)

Employed 0 to 2 years = 40 hours or 5 days max accumulated PTO
Employed 2 to 4 years = 64 hours or 8 days max accumulated PTO
Employed 4 to 6 years = 80 hours or 10 day smax accumulated PTO
Employed 6 to 8 years = 96 hours or 12 days max accumulated PTO
Employed 8 to 10 years = 112 hours or 14 days max accumulated PTO
Employed 10 + years = 120 hours or 15 days max accumulated PTO

Requested PTO Dates

FROM: _____ TO: _____ # of hours for this request: _____

Manager Approval

☐ Approved
☐ Rejected

Comments: _____

Manager Signature: _____ Date: _____

Payroll Approval

Previous Balance: _____ hours
PTO Applied for this Request: _____ hours
New Balance: _____ hours