



PTO Request

Absence Information

Employee Name: _____

Manager: _____

Type of Absence Requested:

- Sick Vacation Bereavement Time Off Without Pay
- Military Jury Duty Maternity/Paternity Other

Dates of Absence: From: _____ To: _____

Total Hours Requested: _____

Reason for Request:

You must submit requests for PTO two weeks prior to the first day you will be out.

Employee Signature *Date*

Manager Approval

- Approved
- Rejected

Comments:

Manager Signature *Date*