



# PTO (Paid Time Off) Request Form

## INFORMATION

Employee Name \_\_\_\_\_

Type of PTO Requested:

Vacation     Sick     Personal     Other

Date(s)/Hours Requested: \_\_\_\_\_  
\_\_\_\_\_

Total Hours Requested Off: \_\_\_\_\_

Hours Cancelled: \_\_\_\_\_

**With the exception of sick time, PTO Request forms must be approved at least one day in advance when requesting time off. This form will remain a request until it is approved by the employee's direct supervisor.**

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

## Employee Supervisor Approval

Approved PTO     Unapproved PTO

\_\_\_\_\_  
*Supervisor / Manager*

\_\_\_\_\_  
*Date*

## Human Resources Use Only

Hours Used: \_\_\_\_\_

Hours Remaining: \_\_\_\_\_

\_\_\_\_\_  
*Human Resource Coordinator*

\_\_\_\_\_  
*Date*