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| **Time off Request** |

# **Instructions:**

* Please complete the first two sections
* The third section needs to be signed by the manager for approval
* After the manager approval this form needs to be submitted to the HR dept.

# **Leave Details**

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| **Employee Information** |
| First Name : |

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 | Last Name : |

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| Start Date : |

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 | End Date : |

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| Return Date : |

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 | No of Days : |

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| Manager : |

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 | Department : |

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| --- |
| Select Department |

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| **Reason for Time off Request** |
| [ ]  PTO | [ ]  Jury Duty |
| [ ]  Sick Leave | [ ]  Military Leave |
| [ ]  Maternity/Paternity Leave | [ ]  Without Pay |
| [ ]  Family and Medical Leave | [ ]  Sabbatical |
| [ ]  Bereavement Leave | [ ]  Compensatory Leave |
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Other :  |

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| **Declaration:**I have reviewed my available PTO hours as stated on my payroll check dated **\_\_\_\_\_\_\_\_** and find that I have **\_\_\_\_\_\_** PTO hours available as of the date listed above. **Distribution request:**I elect to be paid **\_\_\_\_\_\_\_** hours of PTO per week for **\_\_\_\_\_\_** weeks during my Time Off.**I also understand that time away from work is subject to management approval.** |
| Signature :  |

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 | Date : 03/24/2019 |

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| **Approval Section**  |
| Approval : [ ]  Yes [ ]  No |
| Comments:

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Manager Signature: | Date : 03/24/2019 |