

PTO Request/Vacation Request Sheet

Complete prior to taking scheduled PTO & Requests.
Supervisor approval must be obtained in any case.

Date: _____

Check One:

PTO Request

Other Time Off Request

Employee Name : _____

Employee No. : _____ Facility/Dept. _____

| Day | Date | Type | Day | Date | Type | | Complete only if PTO Request |
|-----|------|------|-----|------|------|--|--|
| | | | | | | | Vacation Check Desired: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | | If Yes Enter Date Desired: _____ |
| | | | | | | | Total # of PTO Days Request: _____ |
| | | | | | | | THIS REQUEST MUST BE RECEIVED BY PAYROLL FIVE WEEKS TO SCHEDULED PTO, IF YOU WISH TO RECEIVE PTO ON YOUR CHECK PRIOR TO REQUEST OFF. CHECKS WITH PTO DISTRIBUTED ON REGULAR PAYDAY ONLY. |
| | | | | | | | |
| | | | | | | | |

Pay Waived * Pay Requested *
(For B.O.B plan employees only)

| Explanation | Type of Hours: |
|-------------|--|
| | V – VACATION R – REQUEST O – OTHER (Explain at Left) |

Employee Signature

Date

Supervisor Signature

Date