



PTO – Paid Time Off Request

TO BE COMPLETED BY THE EMPLOYEE

EMPLOYEE NAME	DEPARTMENT <input type="checkbox"/> Admin <input type="checkbox"/> Home Care <input type="checkbox"/> Residential <input type="checkbox"/> Employment Services
REASON FOR TIME OFF REQUEST <input type="checkbox"/> Vacation <input type="checkbox"/> Jury Duty <input type="checkbox"/> Unexcused <input type="checkbox"/> Sick <input type="checkbox"/> Training/Education <input type="checkbox"/> Other: _____ <input type="checkbox"/> Bereavement <input type="checkbox"/> Personal Time	

EFFECTED DATES	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DATE							
HOURS							

DATE							
HOURS							

DATE							
HOURS							

DATE							
HOURS							

EMPLOYEE SIGNATURE	DATE
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SUPERVISOR SIGNATURE	DATE
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OFFICE USE ONLY

How many hours of PTO are available at time of request? _____ Does request exceed accrued PTO? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Total Number of Hours	Total Number of Paid Hours	Total Number of Unpaid Hours