|  |
| --- |
|  |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Information** | | | |
| First Name : | |  | | --- | |  | | Last Name : | |  | | --- | |  | |
| Start Date : | |  | | --- | |  | | End Date : | |  | | --- | |  | |
| Return Date : | |  | | --- | |  | | No of Days : | |  | | --- | |  | |
| Manager : | |  | | --- | |  | | Department : | |  | | --- | | Select Department | |
| |  |  | | --- | --- | | **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 | | |  | | --- | |  |   Other : | | | | | |
| **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 : | |  | | --- | |  | | | Date : 03/24/2019 |

|  |  |
| --- | --- |
| **Approval Section** | |
| Approval :  Yes  No | |
| Comments:   |  | | --- | |  | |  | |  | | |
| |  | | --- | |  |   Manager Signature: | Date : 03/24/2019 |