



EMPLOYEE PTO REQUEST FORM

Employee Name: _____

Time Off Requested:

Date:	Hours:
Date:	Hours:
Date:	Hours:
Date:	Hours:
Date:	Hours:

Employee Signature: _____ **Date:** _____

Approved: _____

Denied: _____

Manager Signature: _____ **Date:** _____

**** Please forward copy to HR/Payroll ****