

PTO Request

Employee Name: _____

Date of Request: _____

PTO: Request for Preapproval (eg. Vacation, continuing education)
Dates: From _____ To _____
Work Schedule each day (ie. 8am to 5pm)
1
2
3
4
5
I would like to use _____ PTO hours
Signature _____

PTO: Request not Preapproved (eg. sick leave, bereavement, etc.)
Dates: From _____ To _____
Work Schedule each day (ie. 8am to 5pm)
1
2
3
4
5
I would like to use _____ PTO hours
Signature _____

For Office Use Only
<input type="checkbox"/> Approved for these dates _____
<input type="checkbox"/> Approved for _____ number of PTO hours
<input type="checkbox"/> Not approved for these dates _____
Explanation _____
<input type="checkbox"/> Not approved for _____ number of PTO hours
Explanation _____
PTO Hours remaining _____
Signature: _____