

# Employee Paid Time-Off Request Form

Today's Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ Employee Number \_\_\_\_\_

Time-Off Request:

Date	Ex. 4/8/19					
Hours	Ex. 8					
Job #	Ex. 1405					
Reason	Ex. Sick					

PTO Used YTD: \_\_\_\_\_

PTO Remaining: \_\_\_\_\_

**I understand that this request is subject to approval by my employer.**

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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- Approved  - Rejected

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_