



TIME OFF (PTO) Request

	Abs	sence Information	
Employee Name:			
Manager:			
Type of Absence Reques	sted:		
Personal	Vacation	Bereavement	Time Off Without Pay
Military	Jury Duty	Maternity/Paternity	Other
Dates of Absence: From	:	То:	
Returning to the office on	1:		
Reason for Absence: You must submit reque:	sts for absences, other th	an sick leave, two days prior to ti	he first day you will be absent.
	sts for absences, other th	an sick leave, two days prior to ti	he first day you will be absent.
	sts for absences, other th	an sick leave, two days prior to ti	he first day you will be absent. Date
You must submit reques Employee Signature	mmediate supervisor/mana	an sick leave, two days prior to th ager and Katherine. Request may b anager Approval	Date
You must submit reques Employee Signature	mmediate supervisor/mana	ager and Katherine. Request may l	Date
You must submit reques Employee Signature completed form to your i	mmediate supervisor/mana	ager and Katherine. Request may l	Date