



REQUEST FOR PERSONAL TIME OFF

Today's date _____

From: _____ To: _____
Print Your Name Supervisor/Manager's Name

Note: The complete form must be submitted to your supervisor/manager two weeks prior to your requested day off. If you are taking days off in more than one pay period, please use additional forms for each pay period. Do not list them all on the same form. To request or decline the use of accrued paid time off (PTO), please circle yes or no for column (c).

I would like to request:

(a) the following days off:	(b) number of hrs/time of day	(c) use PTO
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Employee's Signature: _____

Signature/Approval of Supervisor/Manager: _____

Date: _____