

REQUEST FOR PAID TIME OFF (PTO)

Employee Name (Printed): _____

I request _____ hours of paid time off for date(s) _____

If this is an emergency please explain: _____

Date of Request: _____

Employee Signature: _____

Approved by _____ Date _____

Owner Approval (if required) _____

Completed form must be given to Payroll Department before payment will be made.