**Paid Time Off (PTO) Request Form**

Employee Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** |  | | |
| **Employee ID:** |  | **Department:** |  |
| **Job Title:** |  | **Supervisor/Manager:** |  |

PTO Request Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Leave (check one):** | ☐ Vacation | ☐ Personal Day | ☐ Sick Leave | ☐ Other: |
| **Date(s) Requested From:** | **To:** | **From:** | Total Days Requested: |  |
| **Reason for PTO (optional):** |  |  |  |  |

Employee Signature

I certify that the above information is accurate.

* Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date: //\_\_\_\_

Manager Approval

|  |  |  |  |
| --- | --- | --- | --- |
| Approved / Denied (circle one) | Manager Comments: |  |  |
| **Manager Name:** |  |  |  |
| Manager Signature: |  | **Date:** |  |

HR/Payroll Use Only

* PTO Balance Before Request: \_\_\_\_\_\_\_\_\_\_\_\_ days
* PTO Deducted: \_\_\_\_\_\_\_\_\_\_\_\_ days
* PTO Balance After Request: \_\_\_\_\_\_\_\_\_\_\_\_ days
* Processed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date: //\_\_\_\_