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

1. **Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name | John Michael | Employee ID | EMP-247 |
| Department | Marketing | Position/Title | Digital Marketing Associate |
| Supervisor/Manager | Sarah Williams | Contact Number | (555) 238-4910 |
| Email | john.michael@company.com | | |

1. **PTO Request Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of PTO | ☐ Vacation ☐ Personal ☐ Sick ☐ Other | Reason for PTO | Family trip |
| Start Date | 15-Jan-2026 | End Date | 20-Jan-2026 |
| Number of Days Requested | 6 |  |  |

1. **PTO Balance Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| **PTO Type** | **Days Available** | **Days Requested** | **Days Remaining** |
| Vacation | 10 | 6 |  |
| Personal | 5 | 0 |  |
| Sick | 7 | 0 |  |

**D. Employee Declaration**

I hereby request approval for the Paid Time Off specified above. I confirm that the information provided is accurate.

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

1. **Supervisor Approval**

|  |  |  |  |
| --- | --- | --- | --- |
| Approved / Denied | ☐ Approved ☐ Denied | Notes / Conditions |  |
| **Supervisor Name** |  | | |
| Signature |  | Date |  |

1. **HR Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| HR Representative |  | PTO Balance Updated | ☐ Yes ☐ No |
| Comments |  | | |
|  | | |
| Date |  |  |  |