

Time Off Request Form

Request details	
Employee name:	
Department:	
Time off request:	<input type="checkbox"/> _____ Days <input type="checkbox"/> _____ Hours
Starting on:	
Ending on:	
PTO Balance prior to this request:	
Reason for request	
<input type="checkbox"/> Paid Time Off (PTO)	<input type="checkbox"/> Personal Leave (Without Pay)
<input type="checkbox"/> Jury Duty	<input type="checkbox"/> Birthday (PTO)
	<input type="checkbox"/> Bereavement
	<input type="checkbox"/> Other: _____
Coverage Plan During Absence	
<i>(Please provide the name(s) of the colleague(s) who will cover your responsibilities during your absence.)</i>	
Name of Covering Employee(s):	
Key Contacts notified (if applicable):	
Auto Reply (Outlook) set up on:	
I understand that this request is subject to approval by my Supervisor.	
Employee name:	
Date:	

To be completed by Management.

Manager/ Department Head – Approval			
<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	Manager/Supervisor's Signature:	Date:
<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	Department Head Signature:	Date:

****Per Company Policy all PTO requests must be submitted two weeks in advance.***