



REQUEST FOR Personal Time Off (PTO)

Date of Request: _____

Employee Name: _____

Employee Number: _____

I am requesting _____ days of my PTO to be used beginning _____ and ending _____. I will return to work on _____.

Employee's Signature/Username

Supervisor's Signature

Employee's Password

Date

Executive Director's Signature

Date

**Executive Director's signature is required if leave is requested for three or more days in succession.