



EMPLOYEE TIME-OFF REQUEST

TODAY'S DATE: _____

PTO TYPE: Sick Personal Vacation

EMPLOYEE NAME: _____

DATE(S) REQUESTED: ___/___/___ to ___/___/___

RETURN TO WORK DATE: ___/___/___

EMPLOYEE SIGNATURE: _____

Client Name: _____

Office use only:

APPROVED DENIED

APPROVING SUPERVISOR'S SIGNATURE: _____

Date: _____