

Paid Time Off Request Form

Employee: _____ Date: ____/____/____

Dates Requested Off: ____/____/____ - ____/____/____

Total PTO Hours Requested Off: _____

Total PTO Available: _____

Manager Approval Signature: _____

Date of Approval: ____/____/____

Paid Time Off Request Form

Employee: _____ Date: ____/____/____

Dates Requested Off: ____/____/____ - ____/____/____

Total PTO Hours Requested Off: _____

Total PTO Available: _____

Manager Approval Signature: _____

Date of Approval: ____/____/____

Paid Time Off Request Form

Employee: _____ Date: ____/____/____

Dates Requested Off: ____/____/____ - ____/____/____

Total PTO Hours Requested Off: _____

Total PTO Available: _____

Manager Approval Signature: _____

Date of Approval: ____/____/____