

PTO Request Form

Employee Name: _____

Supervisor: _____

Current PM(s): _____

PTO Hours Available: _____ as of _____

START DATE	END DATE	TOTAL DAYS	PTO/UTO

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

PM Signature _____

Date _____

PM Signature _____

Date _____

VP Initials _____

Remarks:

Calendar

Pay Adjustment