



TIME OFF REQUEST FORM

Employee Last Name: _____ First Name: _____ MI: _____

Business Unit/Division: _____ Site/Location: _____

Position/Title: _____ Supervisor: _____

**Please complete this form and return to your Manager or Supervisor.
All PTO requests must be approved in advance. If you are sick or not at work due to an
unplanned event, please complete this form on your first day back to work.**

REASON FOR REQUEST (circle one)

Personal Time

Jury Duty*

Bereavement**

FMLA***

Leave of Absence

Other (explain): _____

*Documentation Required

** Documentation may be required by your Supervisor

***FMLA eligibility must be confirmed by HR. Specific paperwork must be submitted prior to qualifying.

DATES REQUESTED

Start Date: _____ End Date: _____ # of Days: _____

Employee Signature: _____ Date: _____

SUPERVISOR APPROVAL

Paid: _____

Unpaid: _____

Manager/Supervisor Approval: _____ Date: _____

Human Resources

Total Hours: _____