



PTO Request Form

Employee: _____ Last 4 of Social: _____

Department: _____

Start Date	End Date	Total Hours Requested	Reason Code

Remarks: _____

Reason Codes:

BER - Bereavement

V - Vacation (Paid Time Off)

PO - Pay Out (Hours Paid w/ No Time Off)

PU - Personal Leave Unpaid (Time Off w/ No Pay)

Employee Signature _____

Date _____

Manager Signature _____

Date _____