

Employee Time-Off Request Form

Today's Date: _____

Employee's Name: _____

Time-Off Request: _____ Days Hours

Beginning on: _____

Ending on: _____

Reason for Request

- Vacation - Personal Leave - Funeral / Bereavement
 - Jury Duty - Family Reasons - Medical Leave
 - To Vote - Other: _____

Requesting

- PTO Unpaid Time Off

I understand that this request is subject to approval by my employer.

Employee's Signature: _____ Date: _____

Employer's Decision

Does Employee have any PTO remaining? - Yes - No

- Approved - Rejected

- PTO - Unpaid Time Off

Employer's Signature: _____ Date: _____

Print Name: Stuart Oberman

