**TIME OFF WORK REQUEST FORM**

|  |  |
| --- | --- |
| **Employee Name:** |  |

|  |  |
| --- | --- |
| **Start Date** |  |
| **End Date** |  |

|  |  |
| --- | --- |
| Employee will return to work on: |  |
| Total number of hours requested: |  | **Available PTO:** |  |

**Type of Leave Requested:**

PTO (Personal Time Off) - *(Only Full Time employees are eligible)*

PSL (Paid Sick leave) - (*Part Time employees are eligible)*

Time off Not Paid

Other:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Employee Signature | Date |

**Supervisor to Complete:**

Approved  Denied

Paid  Unpaid

Authorized Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

Comments:

\***Please note**: Full-Time Employees are those who are scheduled for and do work at least 30 hours or more hours per week.

Part-time employees are ONLY eligible for PSL.