



VACATION / PTO / COMP REQUEST FORM

EMPLOYEE'S NAME: _____

PERIOD OF ABSENCE:

From: _____ a.m. To: _____ a.m.
 time p.m. time p.m.
 date date date date

CHARGE TO:

HOURS

- PTO (Paid Time Off) _____
- Leave Without Pay _____

Approved

Denied

Employee's Signature

Date Requested

Supervisor's Signature

Date Approved