METRO MULTI CONSTRUCTION & REMODELING
PTO/VACATION REQUEST FORM

EMPLOYEE REQUEST

Employee Name: _____

Department: _____

Today's Date: _____

Please use a separate request form for each day or block of consecutive work days requested.

Date(s) of vacation/PTO requested: _____

Reason (optional) _____

EMPLOYER AUTHORIZATION

Manager Name: _____

Date request was received: _____

☐ Request approved

☐ Request denied for the reasons below:

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