



# Employee Time-Off Request

Please note that the approval of this request is dependent on # of PTO available

Employee information	
Name:	
Today's Date:	
Participant's Name:	

DATE	# of hours
1	
2	
3	
4	
5	
	<b>TOTAL</b>

Type of request (check one):

vacation	personal leave	funeral/bereavement leave
jury duty	family and medical leave	holiday
late	other _____	time off to vote

Comments:

Employee Certification:

**I understand that time away from work is subject to approval.**

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Participant/Designee Approval

Supervisor Approval: *Helen J. Luciano*

Printed Name: Helen Luciano

Date: \_\_\_\_\_

Supervisor Approval: *Magaly Olivero*

Printed Name: Magaly Olivero

Date: \_\_\_\_\_

## For Use Only:

# of hours approved: \_\_\_\_\_

Approved by: \_\_\_\_\_

Process date: \_\_\_\_\_