



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	
	TOTAL

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 Z. Luciano*

Printed Name: Helen Luciano

Date: _____

Supervisor Approval: *Magaly Olivero*

Printed Name: Magaly Olivero

Date: _____

FI USE ONLY:

of hours approved: _____

Approved by: _____

Process date: _____