

# PTO & Schedule Request Form

Please fill out the following information if you are planning to deviate from your weekly schedule or would like to request paid or unpaid time off. **Please complete a separate form for each pay period affected.**

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First Name

Last Name

Last day I am available to work: \_\_\_\_\_ First day I am available to return to work: \_\_\_\_\_

This form is for pay period starting Thursday, \_\_\_\_\_

Reason for your request:

- Planned PTO
- Schedule Request/
- Unpaid Time-Off

- Sick Day(s)
- Jury Duty
- Bereavement Leave

- Medical Leave (FMLA)
- Parental Leave

Day(s) this pay period I would like to request off from work:

THU     FRI     SAT     SUN     MON     TUE     WED

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

Day(s) above that I would like to use PTO (if eligible & available):

THU     FRI     SAT     SUN     MON     TUE     WED

Notes: \_\_\_\_\_

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Employee Signature

Date

Manager Signature

Date

Please remember:

- No vacation or personal day requests will be honored during **black-out periods** as specified in your Businesses' Guidebook
- All requests are subject to approval by your scheduling manager. Please make your request at least **2 weeks** prior to making any travel plans.
- Requests for PTO as sick time must be made within **7 days** of the sick day.

Days of PTO:            x Hours/day:            = Total hours of PTO:

Entered by:

Signature

Date