



EMPLOYEE Complete this section and submit this form to your Director.....

Name _____ Location _____

___ hours of Sick Time (aka PTO)
___ hours of PTO
___ hours of Unpaid Time Off

Signed _____ Date _____

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DIRECTOR Complete this section and share a copy of this form with your employee.....

___ hours of Sick Time (aka PTO)
___ hours of PTO
___ hours of Unpaid Time Off

Request added to Time Off Calendar

Signed _____ Date _____

Director's Name _____