

Time Off Request

Name: ——			– Date: ———	
Date of Leave	2			
from:	to:		- Total Hours:	
Explanation:	□ PTO (Paid Time Off)	□ Unpaid Leave	□ Other (please explain	n below)
Comments:				
Special Arran	gements to be Made (e.g., tele	ephone coverage, clerica	l help, etc.)	
Employee Signature:				
Supervisor Signature:			Date:	