

Annual Paid Time Off (PTO) Request Form

Please complete this form to request paid time off. Submit the completed and signed form to your supervisor for approval before the requested dates.

Employee Information

Employee Full Name: <input type="text"/>	Employee ID: <input type="text"/>
Department: <input type="text"/>	Date of Request: <input type="text" value="MM/DD/YYYY"/>
Supervisor / Manager Name: <input type="text"/>	

Request Details

PTO Start Date: <input type="text" value="MM/DD/YYYY"/>	PTO End Date (Last Day Off): <input type="text" value="MM/DD/YYYY"/>
Date Returning to Work: <input type="text" value="MM/DD/YYYY"/>	Total PTO Hours Requested: <input type="text"/>
Type of Leave (e.g., Vacation, Personal, Sick, Bereavement): <input type="text"/>	
Reason for Request (Optional): <input type="text"/>	

Employee Signature and Acknowledgement

I understand that this request is subject to approval based on company policy, staffing requirements, and my available PTO accrual balance.

Employee Signature (Sign below): <input type="text" value="Sign here upon printing"/>	Date Signed: <input type="text" value="MM/DD/YYYY"/>
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Supervisor / HR Use Only

Request Status (Approved / Denied / Modified): <input type="text"/>	
Manager Signature (Sign below): <input type="text" value="Sign here upon printing"/>	Date Signed: <input type="text" value="MM/DD/YYYY"/>
Manager Comments / Notes: <input type="text"/>	