



PAID TIME OFF REPORTING FORM - Complete Online

Employee Name: _____

VACATION *(Taken in 8-hour {1 day} increments only)*

I would like to request the following _____ day(s) beginning on _____ and returning on _____.

ADVANCE VACATION REQUEST *(Pre-planned vacation)*

- 1) I would like to request the following _____ days (number of) beginning on _____ and returning on _____.

- 2) I would like to request the following _____ days (number of) beginning on _____ and returning on _____.

- 3) I would like to request the following _____ days (number of) beginning on _____ and returning on _____.

PERSONAL TIME OFF (PTO) *(Taken in 8-hour {1 day} increments)*

I would like to request the following _____ days (number of), beginning on _____ and returning on _____.

SICK TIME *(Taken in minimum 4-hour {1/2 day} increments)*

I would like to report the following _____ days (number of) taken as sick time beginning on _____ and returning on _____.

Please indicate: Personal Illness Illness of immediate family member

Employee Signature: _____

Supervisor/Manager Signature: _____