

TIME OFF REQUEST FORM

All requests for vacation time must be requested two weeks prior. Vacation time and personal/sick days are accrued on a pro rata basis throughout the year.

Employee Name:	Date:
Date(s) of time off:	
Date(s) flex time is made up:	
Total number of days off:	

REASON FOR TIME OFF: *(CHECK ONE)*

- Vacation
- Sick
- Personal
- Flex Time
- Birthday*
- Work Anniversary**
- Other _____

PAYROLL: *(CHECK ONE)*

- Paid time off
- Unpaid time off
- Flex time made up within that week (If less than two hours)

Comments: _____

Employee Signature:
Manager Approval:
H.R. Approval:

INSTRUCTIONS UPON APPROVAL: *(PLEASE READ)*

- Mark your Outlook calendar appropriately by sending a PTO invite to your Immediate Supervisor, the H.R. Director, and any other pertinent team members.
- Notify the helpdesk for our out of office reply service if applicable: discretionary for one day of PTO, mandatory for more than one day of consecutive PTO. You must notify them at least 24 hours in advance.
- Please note that you will not be receiving holiday pay if you call off for the holiday.

* Internal employees that have reached their two year anniversary are eligible to receive a PTO day for their birthday. This PTO day must be used within the event month and it does not roll over.

**Internal employees that have reached their five year anniversary are eligible to receive a PTO day for their work anniversary. This PTO day must be used within the event month and it does not roll over.