

Employee Time-Off Request Form

Employee Name: _____

Date: _____

Department: _____

Supervisor: _____

Time-Off Request:

Beginning Date: _____

Ending Date: _____

Reason for Request:

Vacation

Personal Leave

Funeral/Bereavement

Family Leave

Medical Leave

Jury Duty

Voter Leave

Other: _____

Full-Time Employee Paid Time Off Hours:

Please list the dates you plan to be absent, and select if you are taking a half or full day of PTO for that date. (This election is only applicable if you are requesting pay for missed time.)

Date: _____	Half (4hrs)	Full (8hrs)	Date: _____	Half (4hrs)	Full (8hrs)
Date: _____	Half (4hrs)	Full (8hrs)	Date: _____	Half (4hrs)	Full (8hrs)
Date: _____	Half (4hrs)	Full (8hrs)	Date: _____	Half (4hrs)	Full (8hrs)
Date: _____	Half (4hrs)	Full (8hrs)	Date: _____	Half (4hrs)	Full (8hrs)

Total Hours requested of **PAID** time off: _____

I understand that this request is subject to approval by my employer. If I need a shift covered, it is my personal responsibility to find alternative coverage and confirm shift change with my supervisor.

Signature: _____

Date: _____

Employer's Decision

Approved

Denied: _____

Supervisor Name: _____

Entered into Paycom

Signature: _____

Date: _____