

## Employee Paid Time Off Request Form

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**Time-Off Request:**

Beginning Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

### Employee Paid Time Off Hours:

Please list the shift(s) you are requesting PTO for.

|       |                               |          |
|-------|-------------------------------|----------|
| _____ | _____                         | _____    |
| Date  | Shift time or number of hours | Position |
| _____ | _____                         | _____    |
| Date  | Shift time or number of hours | Position |
| _____ | _____                         | _____    |
| Date  | Shift time or number of hours | Position |
| _____ | _____                         | _____    |
| Date  | Shift time or number of hours | Position |

Total Hours requested of **PAID** time off: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Employer's Decision

Approved

Denied: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Entered into Paycom

Signature: \_\_\_\_\_

Date: \_\_\_\_\_