



PTO & Other Leave Request Form

This form must be completed and signed-off on by your supervisor before submission to Payroll.

Employee Name _____

Start Date	End Date*	Total Hours	Code (see below)

PTO–Paid Time Off- provided to those eligible employees every September 1st.

LWP–Leave without Pay

OPL–Other Paid Leave-

provided at the discretion of and must be approved and signed-off on by the President.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

President Signature _____ Date _____

PTO (leave) balance available: _____

(This section must be completed prior to submission for supervisor signature.

If you are unsure of your balance, please contact Payroll).

*your last day on Leave