



## PAID TIME OFF (PTO)/ LEAVE REQUEST FORM

**\*PTO MUST BE APPROVED BY YOUR IMMEDIATE SUPERVISOR AND SENT TO [BGRECH@HRDRACC.COM](mailto:BGRECH@HRDRACC.COM)**

**PTO CARRYOVER REQUEST MUST BE APPROVED BY THE PRESIDENT AND SENT TO [BGRECH@HRDRACC.COM](mailto:BGRECH@HRDRACC.COM)**

Employee Name (Last, First, & Middle)	Employee ID Number	Date
Title	Supervisor	Department

Number of Days Requested	Beginning Date	Date Returning to Work	Purpose (PTO/Sick/Military/Jury Duty/FMLA/LWOP)	Number of Hours Requested to Borrow (up to 80)
Will this time be...		<input type="checkbox"/> Paid	<input type="checkbox"/> Unpaid	

### PAID TIME OFF (PTO) CARRY OVER REQUEST

Number of Remaining PTO Hours	Year Ending	Number of Hours Requested for Carry Over (up to 80)

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

**Name (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SUPERVISOR OR PRESIDENT'S APPROVAL**

Date Request Approved: \_\_\_\_\_

Date Request Denied and Reason: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Name (print):** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_