

## 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 1<sup>st</sup>.

**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