

**TIME-OFF REQUEST**

PTO requests must be made to your supervisor for approval by using this form with as much notice as possible before the intended time-off. Requests will be granted based on the time of year (busy seasons only granted under dire need), PTO days earned and on a "first come-first serve" basis. Time-off can be used in minimum increments of one-half day (4-hours) or one full day (8-hours). If you cancel or change your request, please inform management ASAP.

Employee Name Martina Lago Date Submitted 6/8

Employment Status: ☒ FT salary ☐ PT salary ☐ FT hourly ☐ PT hourly

Type of Request: ☐ Initial PTO Request ☐ Change of PTO Request

Reason for PTO: ☒ PTO ☐ Unpaid Time Off

☐ Jury Duty / Witness ☐ Leave of Absence

☐ Make-up Day for having worked on

☐ Other

Dates of Requested Time-Off (actual dates): 6/29  
Will return to work on Monday

Total # of PAID time off 1 Hours

Total # of UNPAID time off 8 Hours

- Employees may not request to take time off as unpaid when PTO/Vacation/Sick is available.
- Any sick leave that has been paid during the year will be deducted from your PTO.
- Supporting documents must be provided for Jury Duty, Leave of Absence and whenever applicable.

Signature of Employee [Signature] Date Submitted 6/8

|                               |                                                                                            |          |
|-------------------------------|--------------------------------------------------------------------------------------------|----------|
| Supervisor <u>[Signature]</u> | Request: <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved | Remarks: |
| Date <u>6/8</u>               | Initials <u>[Signature]</u>                                                                |          |