

Personal Time Off (PTO) Request

Employee Name	Company Name	Today's Date
Position	Branch Office	Signature
Reason For Leave* _____		

Specify weekday, date, shift and total number of hours requested:

Example: Monday 3/1/10 12pm-3pm 3 hours

Day 1: _____

Day 2: _____

Day 3: _____

----- OR -----

Complete the following if you are requesting **more than three** consecutive days:

From: _____ To: _____ Total Days: _____ Will return to work on: _____

For Salaried or Full-Time Administrative Employees Only

If available, deduct the requested time off from: Vacation Time OR Sick Time

Obtain signature of employee(s) who will cover your duties. You may leave this area blank, if you are completing this form **after** you have returned from your time off of work.

Name of Employee that will cover duties	Signature	Date
Name of Employee that will cover duties	Signature	Date

APPROVED BY: The requested time off will be considered unauthorized if not approved by your supervisor, which may be grounds for Disciplinary Action. Refer to the Employee Handbook for details.

Supervisor Name (print)	Signature	Date
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For HR Department only

Print Name	Signature	Date
Comments: _____		

*Attach a doctor's note for medical or disability time off.

BRANCH OFFICES

Alhambra ♦ Camarillo ♦ Monterey Park ♦ Palmdale ♦ Riverside ♦ San Luis Obispo ♦ Santa Clarita ♦ Santa Maria ♦ Van Nuys