

PTO Request Form

[COMPANY NAME]

Date:	Department:
Employee Name:	Manager's Name:
Available PTO Days:	Reason for Time Off (Optional): _____

Dates Requested for PTO: ____/____/____ through ____/____/____

Return Date: ____/____/____

I understand that this request is subject to approval by my employer.

Employee Signature: _____ Date Signed: _____

Manager's Decision:

- Approved
- Rejected

Manager's Comments:

Manager's Signature: _____ Date Signed: _____