

Forward Journey

STAFF TIME OFF REQUEST FORM

Office use:

EX _____

TC _____

Staff Name: _____

Paid Time Off

Date(s) Requested: _____

Time Requested: _____

Total Hours: _____

Unpaid Time: *(Only to be used in urgent or extreme cases, and with prior consent of supervisor.)*

Date(s) Requested: _____

Time Requested: _____

Total Hours: _____

Reason Requested (speak with your supervisor about this): _____

Staff Signature: _____

Date Submitted: _____

Approved/Denied By: _____

Date: _____

*To schedule PTO, employees should submit a completed "Staff Time Off Request Form" to the supervisor at **least one week before the requested leave** whenever possible. **Employees must ensure that they have enough accrued leave available to cover the dates requested.** Requests will be approved based on a number of factors, including staffing requirements. If the time off request is denied, the supervisor will speak directly with the employee within three business days to communicate the reason for the denial. Otherwise, the employee can assume the request has been approved.*

Supervisor use only - reason for denial:

_____.