**Paid Time Off (PTO) Leave Request Form**

Date of request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PTO** (Vacation/sick leave)

Start date: \_\_\_\_\_\_\_\_ End date: \_\_\_\_\_\_\_\_ Total hours: \_\_\_\_\_\_\_\_

**Bereavement leave** (Up to three days of paid leave due to a death in the immediate family is available.)

Start date: \_\_\_\_\_\_\_\_ End date: \_\_\_\_\_\_\_\_ Total hours: \_\_\_\_\_\_\_\_

**Jury duty leave** (Up to five days of paid leave for jury service is available.)

Start date: \_\_\_\_\_\_\_\_ End date: \_\_\_\_\_\_\_\_ Total hours: \_\_\_\_\_\_\_\_

**Other**

Policy name (e.g., sabbatical leave, school visitation, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start date: \_\_\_\_\_\_\_\_ End date: \_\_\_\_\_\_\_\_ Total hours: \_\_\_\_\_\_\_\_

This form should not be used to request leave under the Family and Medical Leave Act (FMLA) or to request leave as an accommodation under the Americans with Disabilities Act (ADA). Employees should consult with HR to request leave under the FMLA or ADA.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Employee signature                                                       Date  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Supervisor signature                                                    Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Human resources representative signature                   Date

***File original in the employee’s leave records and provide a copy to the employee and the employee’s supervisor.***