

ADMIN PTO REQUEST FORM

Employee Complete Section 1

Requesting Employee: _____

Dates Requested: _____

Date Submitted to Supervisor: _____

Name of Supervisor: _____

Requesting Employee Signature

Date

Supervisor Complete Section 2

Date Employee Submitted Request: _____

Approved Denied

Reason for denial: _____

Supervisor Signature

Date

REMEMBER! ALL REQUESTS MUST BE SUBMITTED IN WRITING
AT LEAST TWO WEEKS PRIOR TO THE TIME YOU WISH TO TAKE OFF