

TECH PTO REQUEST FORM

Employee Complete Section 1

Requesting Employee: _____

Dates Requested: _____

Date Submitted to Supervisor: _____

Name of Supervisor: _____

State the arrangements you have made to cover your shift. Include full name of tech who agrees to switch, all dates they are to work for you, and all dates you are to work for them.

Date to Work	Tech to Work	Initials of Tech to Work
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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