

PCA REQUEST FOR TIME OFF FORM

Employee Name: _____ Office: _____

Date(s) Requested: _____

Total Hours Requested: _____

Reason: _____

Type of Time Off Being Requested (please mark):

Paid Time Off	
Unpaid Time Off	

Employee's Signature / Date

Supervisor's Signature and Approval / Date

ADMINISTRATIVE USE ONLY

<i>TYPE</i>	<i>Number of hours available</i>	<i>Number of hours Used</i>
PTO		
Unpaid Time Off		