



PTO (Paid Time Off) Request Form

All requests for PTO are contingent on available PTO balance on requested date. No leave without pay will be considered.

Information

Date of Request: _____

Employee Name: _____

Contract Number: _____ Position Held: _____

Social Security Number _____

Facility: _____

Type of **PTO** Requested:

Sick Vacation Military Jury FMLA

Dates of Absence: From: _____ To: _____

Total Hours Requested Off:	Remaining PTO Hours:
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With the exception of Sick Time, Paid Time Off, Request forms must be received a minimum of 30 days in advance by Horgen Personnel when requesting time off. This form will remain a request until it is approved by both MTF supervision & by Horgen Personnel Consultants, Inc.

Employee Signature *Date*

Client Supervisor Approval

Must be signed by Supervisor prior to faxing to Horgen Personnel for final approval.

Authorized Client Representative *Date*

Horgen Personnel Supervisor Approval

Approved
 Denied

Horgen Personnel Representative *Date*