



PAID TIME OFF REQUEST FORM

Today's Date	
Name	
Supervisor	
Date(s) Requesting	
Substitute Name	

Reason for PTO request:

- Sick
- Personal business that cannot be conducted outside of school
- Vacation
- Bereavement

Employee Signature:

- PTO Approved
- PTO Not Approved - Reason: _____

Supervisor Signature:

Director Signature:
Comment:

For Office Use Only

Substitute Name: _____ Half Day Full Day
Date: _____