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PACIFIC FACILITY SOLUTIONS INC — PAID TIME OFF REQUEST FORM | PACIFIC FACILITY SOLUTIONS

YOUR NAME:		TODAY'S DATE:	
DEPARTMENT:		SUPERVISOR'S NAME:	

DIRECTIONS: Fill out form completely. Send in your Supervisor Approved request to Marin Schy at marin.s@pacificfs.net.

COMMENTS:

TOTAL DAYS OFF	TOTAL PTO HOURS
0	0

**If additional days are needed for the same Request, fill another form and indicate there is an additional page in the comment sections.*

Choose which Leave Type, "PTO/SICK" etc	*Enter Month Name, then Enter Day of Month in Number Format in Column C.*	*If you wrote YES for "All Day" Leave Columns E and F Blank*	*Exact # of PTO hrs PER day. Enter Zero for Unpaid PTO.*

COLUMN →	A	B	C	D	E	F	G
ROW ↓	LEAVE TYPE	MONTH NAME	DAY OF MONTH (#)	All Day?	Work START TIME	Work END TIME	DAILY PTO HOURS
1	- -	Choose Month	- -	No - Partial Day	: am	: pm	
2	- -	- -	- -	- -	: am	: pm	
3	- -	- -	- -	- -	: am	: pm	
4	- -	- -	- -	- -	: am	: pm	
5	- -	- -	- -	- -	: am	: pm	
6	- -	- -	- -	- -	: am	: pm	
7	- -	- -	- -	- -	: am	: pm	
8	- -	- -	- -	- -	: am	: pm	
9	- -	- -	- -	- -	: am	: pm	
10	- -	- -	- -	- -	: am	: pm	
11	- -	- -	- -	- -	: am	: pm	
12	- -	- -	- -	- -	: am	: pm	
13	- -	- -	- -	- -	: am	: pm	
14	- -	- -	- -	- -	: am	: pm	
15	- -	- -	- -	- -	: am	: pm	
16	- -	- -	- -	- -	: am	: pm	
17	- -	- -	- -	- -	: am	: pm	
18	- -	- -	- -	- -	: am	: pm	

EMPLOYEE ACKNOWLEDGEMENT: *Time Off Requests are not guaranteed and are subject to Supervisor Approval. You authorize payroll to deduct from accumulated PTO or dock time absent from payroll if sufficient PTO is not available.*

Employee Signature: Date:

COMPLETED BY SUPERVISOR:

☐ APPROVED ☐ UNAPPROVED

Supervisor Signature: Date:

Comments: