

PTO / SICK TIME / REQUEST FORM

Employee Name: _____

Position: _____

Location / Store: _____

Date of Request: _____

Date Requested Off: _____

Hours Requested: _____

Expected Return Date: _____

Reason: _____

Employee Signature: _____

Manager Approval: _____

Employee Name: _____

Position: _____

Location / Store: _____

Date of Request: _____

Date Requested Off: _____

Hours Requested: _____

Expected Return Date: _____

Reason: _____

Employee Signature: _____

Manager Approval: _____

Employee Name: _____

Position: _____

Location / Store: _____

Date of Request: _____

Date Requested Off: _____

Hours Requested: _____

Expected Return Date: _____

Reason: _____

Employee Signature: _____