

To be completed by the employee:

Employee Name:	Last 4 Digits of Soc. Sec. No.:
Client Name:	Department:
Time Off Type: <input type="checkbox"/> PTO <input type="checkbox"/> Vacation <input type="checkbox"/> Sick <input type="checkbox"/> Bereavement <input type="checkbox"/> Jury Duty <input type="checkbox"/> Personal / Floating Holiday <input type="checkbox"/> Unpaid	
If Unpaid Time Off, Briefly State Reason:	

Effected Dates: (Indicate below the number of regularly scheduled hours you will be absent and the appropriate code.)

Codes: P – Paid Time Off U – Unpaid Time Off

PTO Begins:	PTO Ends:
PTO Begins:	PTO Ends:
PTO Begins:	PTO Ends:

Total Number of Hours	Total Number of Paid Days	Total Number of Unpaid Days
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The information provided above is time I am requesting to be away from office. I understand that any paid time off (PTO) taken prior to being accrued is considered an advance of wages. Should I terminate prior to the balance being accrued, Employer Flexible will deduct any unearned PTO from the gross wages on my final paycheck which may reduce my final rate of pay below minimum wage and I authorize such deduction.

For California Employees Only: I am requesting the time off as shown above. I understand that any PTO taken before it has accrued is an advance of wages and that I may be required to sign a Compensation Reduction / Deduction Authorization Form authorizing deduction from my pay of any amounts advanced.

Employee Signature:	Date:
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To Be Completed by Supervisor:

How many days of PTO are available at time of request? _____ If this request exceeds accrued PTO, check box: <input type="checkbox"/>	
Supervisor Signature:	Date:
Department Manager Signature:	Date: