

Date: _____ Name: _____

FULL-TIME STAFF

As per company policy, I am giving five (5) days prior notice that I would like the following paid time off (PTO). I understand that once my PTO is exhausted, I am not eligible for schedule changes. If I am not giving the required five (5) day notice for paid time off, I have obtained an appropriate replacement as deemed by management, and understand this must be submitted 24 hours prior to the scheduled shift. I understand that if replacement signatures are not obtained, it is my responsibility to work the scheduled hours and if I do not, the disciplinary policy/procedure will apply.

Note: Whether 24-hour notice or 5-day notice, I understand I must receive a copy of my approved PTO request from my supervisor to ensure my time off has been approved prior to using my PTO.

PART-TIME STAFF

I am responsible for covering the hours since I do not have paid time off. I have obtained a replacement signature below and understand this must be submitted 24 hours prior to the scheduled shift. I am responsible to find my own appropriate replacement as deemed by management and must have the time off approved within 24 hours of the requested time off. I understand that if replacement signatures are not obtained, it is my responsibility to work the scheduled hours and if I do not, the disciplinary policy/procedure will apply.

Date	Program	Hours	Signature of Replacement

Signature of Staff Requesting Time Off

PM Approval *(must be initialed before coming to office)*

**For AD Use Only: _____ Date Received
____ Approved with replacement signature / Date: _____
____ Approved paid time off w/ 5-day notice / Date: _____
 (no signature required)
____ Not approved because: _____

Date: _____ Name: _____

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