

To: _____ Date: _____

To: _____ Date: _____

From: _____

From: _____

I am requesting the following: ___ PTO ___ schedule changes

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Date	Hours	Date	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date	Hours	Date	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

X _____
Staff Signature

X _____
Staff Signature

___ Approved
___ Not Approved

X _____
Date Received by Supervisor

X _____
Supervisor's Signature

___ Approved
___ Not Approved

X _____
Date Received by Supervisor

X _____
Supervisor's Signature

To: _____

To: _____

Your PTO / schedule change(s) have been:

Your PTO / schedule change(s) have been:

___ Approved for the following days/hours:

___ Approved for the following days/hours:

___ Not Approved because:

___ Not Approved because:

X _____
Supervisor's Signature

X _____
Supervisor's Signature