

PTO REQUEST FORM

Employee Name: _____ Dept: _____

Once you have completed this form, please have it signed by your Supervisor and then forwarded to Laura Peticca for signature. You will be emailed a copy once signed by your Supervisor and Laura Peticca. The company will attempt to grant all employees PTO at the time they desire to take it. However, we must maintain adequate staffing at all times. Therefore, it is the company's policy to deny requests if too many employees seek to take time off at the same time so as not to impede the orderly flow of work. Your Supervisor will have the authority to deny a PTO request if they feel their department will not be adequately staffed. In the event of more than one employee requesting PTO for the same dates, the Supervisor has the authority to make a determination based on the date the written PTO request was submitted, seniority or other workflow related criteria.

Any time that has carried over from one year to the next year MUST be taken before December 31st of the following year.

We appreciate you making every effort to submit PTO requests as early as possible.

IF TRAVELING INTERNATIONALLY AND WILL NEED ACCESS TO YOUR FILES/EMAILS PLEASE INDICATE WHERE YOU ARE TRAVELING TO BELOW:

I am requesting the following PTO days.

Date PTO begins: _____ Return to work date: _____

Approved: _____ Date: _____
Supervisor Signature

Print Name of Supervisor: _____

Approved: _____ Date: _____
Laura Peticca, SVP Human Resources

Any changes to approved PTO dates must be approved by your Supervisor.