



# Paid Time Off (PTO) Approval Form

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date(s) requesting off: \_\_\_\_\_ Return Date: \_\_\_\_\_

**Type of PTO:**

- Use accrued PTO       Floating Holiday(Office Use Only)  
 # Hours \_\_\_\_\_

Signature: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_

Submit approved requests to LiAnn Sorensen in Payroll. Completed forms will be kept in employee's file.



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