

ALPHASTAFF REQUEST FOR PTO

EMPLOYEE NAME:	LAST FOUR DIGITS OF SSN:
DEPARTMENT:	DATE OF EMPLOYMENT:
REQUESTED DATES: STARTING DATE: ENDING DATE: RETURN TO WORK:	TOTAL HOURS
COMMENTS*:	
EMPLOYEE SIGNATURE: On File	DATE:
AUTHORIZED SIGNATURE: _____ PRINT NAME: _____	DATE:
<u>PAYROLL USE ONLY</u> Paid Leave Available: <input type="checkbox"/> YES <input type="checkbox"/> NO Hours Available For Paid Leave: _____ Approved By: _____	

***Be sure to make arrangements with the employee for Benefit Premiums if applicable.**