



TROUVÉS

Time Off Request Form

Date of Request \_\_\_\_\_

Employee's Name \_\_\_\_\_

Department \_\_\_\_\_

Request Date From \_\_\_\_\_ thru \_\_\_\_\_

Date Return to Work \_\_\_\_\_

Total hours of PTO requested \_\_\_\_\_

Supervisors Approval \_\_\_\_\_

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Payroll Department Only

Total PTO Hours available \_\_\_\_\_

Total hours used \_\_\_\_\_

Balance on account \_\_\_\_\_

Payroll Initial: \_\_\_\_\_