



# Vacation / PTO Request Form

Co-Worker Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Position: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Title: \_\_\_\_\_

## VACATION

*Please submit vacation requests at least two weeks in advance. (SM, PM, & CSR cannot overlap)*

Starting Date: \_\_\_\_\_  
(1st day out of store)

Return Date: \_\_\_\_\_

Total Vacation Hours Requested \_\_\_\_\_  
(Excluding scheduled days off)

Notes:

## PAID TIME OFF (PERSONAL)

*Please submit personal time off requests at least one week in advance.*

Starting Date: \_\_\_\_\_  
(1st day out of store)

Return Date: \_\_\_\_\_

PTO (Personal) Hours Requested \_\_\_\_\_

Notes:

## PAID TIME OFF (SICK)

*Always notify your immediate supervisor at least 4 hours prior. Complete this form immediately upon return to work.*

Starting Date: \_\_\_\_\_  
(1st day out of store)

Return Date: \_\_\_\_\_

PTO (Sick) Hours Requested \_\_\_\_\_

Notes:

## APPROVAL

Approved: \_\_\_\_\_

Not Approved: \_\_\_\_\_