TimeClick®

PTO and Vacation Request Form

Company name: _____

Employee information

Employee name: _____ Employee ID: _____

Department: _____ Supervisor: _____ Date submitted: _____

Type of time off (check one)

☐ Vacation ☐ Personal day ☐ General PTO

☐ Holiday or floating holiday ☐ Bereavement ☐ Other: _____

Dates and hours

First day off: _____ Last day off: _____ Return to work: _____

Partial day only: from _____ to _____ on _____ Total hours requested: _____

Balance

Current balance (hours): _____ Balance after this request (hours): _____

Coverage (optional)

Who will cover your work, or what needs to be done before you leave:

_____

_____

Employee signature

I understand this request isn't approved until my manager signs below.

Signature: _____ Date: _____

Manager decision

☐ Approved ☐ Approved with changes: _____

☐ Denied. Reason: _____

Manager name: _____

Signature: _____ Date: _____

Payroll or HR use

Entered in time records on: _____ By: _____