

**DATTCO PTO FORM**  
**ALL DAYS OFF MUST BE APPROVED BY THE SUPERVISOR**

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

Clock #: \_\_\_\_\_ Location #: \_\_\_\_\_ Dept. #: \_\_\_\_\_

Week 1: Please enter dates – Month / Day / Year

Monday \_\_\_/\_\_\_/\_\_\_

Tuesday \_\_\_/\_\_\_/\_\_\_

Wednesday \_\_\_/\_\_\_/\_\_\_

Thursday \_\_\_/\_\_\_/\_\_\_

Friday \_\_\_/\_\_\_/\_\_\_

Total Days: \_\_\_\_\_

Non-exempt employees: total days \_\_\_x\_\_\_ hours = Total Hours \_\_\_\_\_

Is PTO to be paid in advance? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for PTO Request \_\_\_\_\_

- Approved  
 Not Approved

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Copy to Payroll  
Copy to Employee  
Copy to Supervisor

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