

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

Rev. 4/20/06