



# PTO (Paid Time Off) Request Form

**All requests for PTO are contingent on available PTO balance on requested date. No leave without pay will be considered.**

## Information

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

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

Contract Number: \_\_\_\_\_ Position Held: \_\_\_\_\_

Social Security \_\_\_\_\_

Facility: \_\_\_\_\_

Type of **PTO** Requested:

Sick       Vacation       Military       Jury       FMLA

Dates of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_

Total Hours Requested Off: _____	Remaining PTO Hours: _____
----------------------------------	----------------------------

**With the exception of sick time, PTO Request forms must be received a minimum of 60 days in advance by Angel Staffing when requesting time off. This form will remain a request until it is approved by both MTF Supervision and Angel Staffing Supervision.**

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

## Client Supervisor Approval

***Must be signed by Supervisor prior to faxing to Angel Staffing for final approval***

\_\_\_\_\_  
*Authorized Representative*

\_\_\_\_\_  
*Date*

## Angel Staffing Supervisor

Approved

Denied

\_\_\_\_\_  
*Angel Staffing Supervisor*

\_\_\_\_\_  
*Date*

**FAX to 210-616-9501**