



TIME OFF REQUEST FORM

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 Angel Staffing and the MTF Supervision.

Information

Date of Request: _____

Employee Name: _____

Contract Number: _____ Position Held: _____

Social Security _____

Manager: _____

Type of Time Requested:

<input type="checkbox"/> Sick	<input type="checkbox"/> Bereavement	<input type="checkbox"/> Time Off Without Pay	
<input type="checkbox"/> Vacation	<input type="checkbox"/> Jury Duty	<input type="checkbox"/> Other:	

Dates of Absence: From: _____ To: _____

Current PTO Balance: _____	Request PTO Hours: _____
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Employee Signature

Date

Angel Supervisor Approval

- Approved
- Denied

Angel Supervisor Approval

Date

Authorized Client Approval

Client Authorized Signature

Date

<p style="text-align: center;"><u>Process:</u></p> <ul style="list-style-type: none"> Employee completes request Approval by Facility / Client Supervisor Fax to Angel Management Fax to Angel Staffing Inc. Main: (210) 616-9501 or Payroll Dept.: (210) 545-0271 Angel Management to Notify Facility / Client Supervisor Facility / Client Supervisor to notify employee 	<ul style="list-style-type: none"> Notified by: _____ Via: _____ Date: _____ Original Payroll Manager : _____ Copy HR: _____
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