



PAID TIME OFF (PTO) REQUEST FORM

TODAY'S DATE: _____ **EMPLOYEE DIVISION:** _____

EMPLOYEE NAME: _____

DATES REQUESTED OFF (MM/DD/YY & # of Hours):

____ / ____ / ____ **THROUGH** ____ / ____ / ____

Employees within their first 90 days may only take unpaid time off.

PTO eligible employees will exhaust available PTO accruals before utilizing unpaid leave.
The # of Hours must be in increments of 1 hour. No less than 1 and no more than 8 per scheduled workday.

Number of PTO Hours Requested: _____

Do you want to borrow PTO hours if your total hours requested are unavailable (see PTO policy for limitations)?

____ **YES** ____ **NO**

Optional – Notes to HR:

Employee Signature: _____

ALL requests must be sent to HR@wyco.biz

HR MANAGER APPROVAL: **Approved** **Not Approved**

HR Manager _____ **Date** _____

The PTO requested above has been verified as earned and available for employee to use or the Excused Unpaid Time Off has been approved by the HR Manager.

SUPERVISOR APPROVAL: **Approved** **Not Approved**

Supervisor: _____ **Date** _____

REASON/COMMENTS (if applicable):

After final approval of the above, a copy should be submitted to the HR manager. Approved PTO will be submitted to Payroll by the HR Manager and the employee will receive payment for PTO on the regularly scheduled paycheck for the period in which they took the time off.



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