



PAID TIME OFF (PTO) and UNPAID ABSENCE REQUEST FORM

TODAY'S DATE: _____

EMPLOYEE NAME: _____

EMPLOYEE DEPARTMENT: _____

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

THROUGH _____

* Available PTO accrual will be exhausted before utilizing unpaid leave.

** # of Hours must be in increments of 1 hour. No less than 1 and no more than 8 per scheduled workday.

PTO: _____ **HOURS**

UNPAID TIME OFF: _____ **HOURS**

Is this a leave of absence? If yes, please contact 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 at HR@wyco.biz. 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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