



**650 CHURCH STREET
SUITE 221
PLYMOUTH, MI 48170**

EMPLOYEE TIME OFF REQUEST

Please complete and submit this form to your manager.

Employee Name: _____

TIME OFF REQUEST

Beginning On: _____ Use PTO hours: YES | NO

Ending On: _____ (circle one)

Return to Work On: _____ Total Days: _____

Reason for request: _____

I certify that the above information is accurate, and I understand that this request is subject to management approval and company policies.

Employee Signature: _____ Date: _____

MANAGER'S DECISION (office use only)

HR PTO Decision: Approved Rejected HR Initials: _____

Manager Decision: Approved Rejected

If rejected, reason: _____

Manager Signature: _____ Date: _____

CANCELLED REQUEST

Reason Canceled: _____

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____

HR notified if PTO was approved: _____ HR Initials: _____

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