



PTO Payout Request Form

Employee	Social Security Number
Client	Date of Request
Supervisor's Name	Employment Type
	<input type="checkbox"/> Full <input type="checkbox"/> Part time

Total Days Requested to be Paid Out:	Initialed by:
Total Days/Hours Available:	Initialed by:
Total Days/Hours Remaining:	Initialed by:

Approved **Denied**

Please state reason(s) for denial of PTO payout:

Employee Signature	Date
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Supervisor Signature	Date
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Your check will be processed as usual unless other arrangements are made with your supervisor.