

Sam Boswell **Honda**

Vehicles you Can Depend on. People You Can Trust.

PTO REQUEST FORM REQUEST FOR TIME OFF/VACATION/SICK DAY

NAME

DATE

DATE(S) REQUESTED

THROUGH

I REQUEST TO USE: _____ Sick Day(s) _____ Vacation Day(s) _____ Unpaid Day(s)

NUMBER OF DAY(S) AVAILABLE FOR THIS REQUEST: _____

NUMBER OF DAY(S) REQUESTED: _____

NUMBER OF DAY(S) REMAINING AFTER THIS REQUEST: _____

EMPLOYEE SIGNATURE

CIRCLE:

APPROVED

NOT APPROVED

MANAGER'S SIGNATURE

DATE

VACATION REQUESTS ONLY: APPROVED

NOT APPROVED

O'NEAL BOSWELL

DATE