Rehoboth McKinley
Christian Health Care Services

PTO LEAVE REQUEST FORM

Employee Name _____ Date_____

Employee # _____Department_____ Status_____

PTO hours requested _____

Number of hours employee will be absent from scheduled work _____

Date leave begins _____ Date returning to work_____

Leave requested _____ Scheduled [ ] Unscheduled[ ]

* If unscheduled, is leave being used for the employee's illness?

NO [ ]

YES [ ] *If yes, what is the nature of the illness?

_____

_____

_____

(Documentation of employee illness must be available for the employee to access LTSL.)

HOURS APPROVED: [ ] PTO _____ [ ] UNPAID LEAVE_____

_____ _____

Employee Signature Date Supervisor Signature Date

*Note: Leave available for use is shown on the Payroll Benefits Report as well as on the employee's paycheck stub. Hours requested in excess of one's actual PTO balance will not be paid.