

**OHHD PTO REQUEST FORM**

**EMPLOYEE’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE(S) PTO IS REQUESTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL PTO HOURS TO BE USED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(PTO MUST BE USED IN 2 HOUR INCREMENTS)**

**DATE PLANNED PTO WAS REQUESTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPROVED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This form must be submitted any time that you will need to use PTO for vacation, holiday, sick, etc.**

**You will not be paid PTO unless this form is turned in prior to 9 am the Monday before payroll. If circumstances beyond your control (i.e. unplanned absences) prohibit this, your Department Head may do this for you with proper communication.**

**This form must be used even if you are only requesting 2 hours of PTO.**

**\*\*Do not consider your planned PTO request granted until you receive this PTO sheet back from your Department Head with an approved signature.\*\***