

**MONTGOMERY COUNTY EMERGENCY SERVICES DISTRICT
NO. 4**

PTO TIME OFF REQUEST

Employee: _____ Today's Date: _____

PTO Start Date: _____ PTO End Date: _____

Return to work Date: _____

Total number of PTO hours/days taken: _____

TYPE OF PTO TIME

_____ PTO - Employee _____ Hours available

NON-PTO TIME OFF AVAILABLE FOR FULL TIME EMPLOYEES:

_____ Jury Duty _____ Bereavement (3 days) _____ Maternity (48 hours)

SUPERVISOR'S COMMENTS:

APPROVAL: _____ YES _____ NO

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____