REQUEST FORM						
TODAY'S DATE:						
EE NA	ME:					
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REQUEST (Circle):		VACATION		SIG	SICK	
) (Circle	e Month & I	Day/s):				
N	FEB	MAR	APR	MAY	JUN	
IL	AUG	SEP	ОСТ	NOV	DEC	
2	3	4	5	6	7	
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16	17	18	19	9 20) 21	
23	24	25	20	6 27	28	
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COMMENTS:						
EMPLOYEE SIGNATURE:						
SUPERVISOR SIGNATURE:						
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vailable	PTO will a	utomatical	ly be appli	ed to days o	off	
	TEE NA REQUE T (Circle) (Circle N L 2 9 16 23 30 NTS: TEE SIGN G SIGN	EE NAME:	EE NAME: REQUESTED: T (Circle): VACATIO (Circle Month & Day/s): N FEB MAR L AUG SEP 2 3 4 9 10 11 16 17 18 23 24 25 30 31 1 NTS: TEE SIGNATURE: ISOR SIGNATURE:	EE NAME: REQUESTED: T (Circle): VACATION (Circle Month & Day/s): N FEB MAR APR L AUG SEP OCT 2 3 4 5 9 10 11 12 16 17 18 19 23 24 25 20 30 31 1 2 NTS: TEE SIGNATURE: ISOR SIGNATURE:	S DATE:	

PLEASE GIVE A COPY TO ACCOUNTING