

# EDELMAN

## PTO Request Form

Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_

Vacation Dates Requested: \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

Returning: \_\_\_/\_\_\_/\_\_\_

Vacation Dates Requested: \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

Returning: \_\_\_/\_\_\_/\_\_\_

Vacation Dates Requested: \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

Returning: \_\_\_/\_\_\_/\_\_\_

***Requests should be turned into your supervisor at least 30 days before requested time off.***

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval:**

\_\_\_\_\_  
Signature of Supervisor Date: \_\_\_\_\_

**Originals Sent To Accounting**