

CATHOLIC DIOCESE OF COLUMBUS

REQUEST FOR PAID TIME OFF (PTO) AUTHORIZATION FORM

Employee Name:

Title:

Department:

I hereby am requesting the following non-productive time(s):

Date(s) From:

Through:

Date returning to work:

Date(s) From:

Through:

Date returning to work:

Date(s) From:

Through:

Date returning to work:

REASON: (Check appropriate plan)

PTO

Jury Duty/Subpoena

TOTAL HOURS REQUESTED:

LEAVE OF ABSENCE: (Check appropriate leave)

Medical Leave

Family Medical Leave

Military Leave

Personal Leave

Bereavement Leave

Educational Leave

Notes:

Requested By:

Date:

Approved

Denied (If request is denied, please note basis of denial below)

Supervisor's Signature:

Date:

If request is approved, approval is contingent on having enough accrued paid hours available at the time of the requested dates. If there are not enough accrued paid hours available, your approval is subject to change.