



Post Office Box 1387
DeFuniak Springs, FL 32435
(850) 307-1176

PTO and LWOP REQUEST FORM

(A minimum of 4 hours PTO must be taken)

Employee Information:				
Employee Name: _____		Employee Number: _____		
Available PTO Hours: _____		Date Submitted: _____		
Date(s) of Requested Time Off:				
Month	Date(s)	Year	Time	Total Hours
Total Hours:				_____
Employee Signature: _____		Date Signed: _____		

Supervisor Approval:	
Place Check Mark in ONE Box -	
<input type="checkbox"/>	I, _____, certify that adequate leave is available and APPROVE the PTO Leave Request.
<input type="checkbox"/>	I, _____, certify that no PTO leave is available and APPROVE the LWOP Request.
<input type="checkbox"/>	I, _____, DENY this PTO/LWOP Request due to the following reason(s): _____ _____
Supervisor Signature: _____	Date Signed: _____
Remaining PTO Hours: _____	