

Martha's Gourmet Kitchen

Time Off Request Form

Paid Time Off (PTO) _____

Unpaid Time Off (UTO) _____

Date of request: _____

Employee name: _____

Department: _____

Job title: _____

PTO (Vacation/sick leave)

Start date: _____ End date: _____ Total hours: _____

Bereavement leave (Up to three days of paid leave due to a death in the immediate family is available.)

Start date: _____ End date: _____ Total hours: _____

Jury duty leave (Up to five days of paid leave for jury service is available.)

Start date: _____ End date: _____ Total hours: _____

Other

Policy name (e.g., sabbatical leave, school visitation, etc.): _____

Start date: _____ End date: _____ Total hours: _____

This form should not be used to request leave under the Family and Medical Leave Act (FMLA) or to request leave as an accommodation under the Americans with Disabilities Act (ADA). Employees should consult with HR to request leave under the FMLA or ADA.

Employee signature

Date

Supervisor signature

Date

File original in the employee's leave records and provide a copy to the employee and the employee's supervisor.