

Personal Time Off (PTO) Request Form

Name: _____ Date Request Submitted: _____

PTO Date(s) Requested									
Beginning Date		Ending Date		Number of Hours		Time Out:		to	
Beginning Date		Ending Date		Number of Hours		Time Out:		to	
Beginning Date		Ending Date		Number of Hours		Time Out:		to	
Beginning Date		Ending Date		Number of Hours		Time Out:		to	
Total Hours									

Please submit this request by email to pto@knowledgeservices.com or by fax "Attention PTO" to 855.364.4943.

Please Note:

- Manager's approval is required for this request to be valid
- Form must be submitted by 10:00 AM EST, Monday, for inclusion in the corresponding pay period
- PTO hours are not submitted in dotStaff

☐ Approved ☐ Denied _____ (reason)

Manager Name: _____ Manager Signature: _____

Date Approved/Denied: _____ Comments: _____