

FOREST HILLS of DC

INCLUSIVE SENIOR LIVING

Appendix B

OFFICE USE ONLY

PTO LEAVE REQUEST

Employee Name _____ (please print)

Department _____

(LEAVE TYPE)

PAID TIME OFF (PTO)
of DAYS _____

COMP HOURS (salaried employees only)
of DAYS _____
Executive Director's Signature Required

Return to work date _____

PAY PERIOD	
PTO Available	
PTB Available	
COMP	

LWOP
of DAYS _____
Executive Director's Signature Required

OTHER HOURS

One Date per Box

1)	2)	3)	4)	5)
6)	7)	8)	9)	10)

Employee Signature _____ Request Date _____

Department Director's Signature _____ Date Received _____

Executive Director _____ Date _____

APPROVED YES NO Date _____