



19 Gruber Street  
 Building B  
 Delaware, OH 43015  
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 www.2kgeneral.com

## PTO Request Form

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

One or Partial day off. PTO hours to be used: \_\_\_\_\_ Date Requesting off: \_\_\_\_\_

Multiple days off:  
 Date(s) Requested off: \_\_\_\_\_ to \_\_\_\_\_  
 Date to return to work: \_\_\_\_\_

Reason for Absence:

- Vacation
- Military Leave List Branch of Service \_\_\_\_\_
- Bereavement List Relationship to deceased \_\_\_\_\_
- Other: \_\_\_\_\_
- Short Term Absence - Unpaid  
 State Reason of Absence \_\_\_\_\_  
 (Short Term Absences will not be given if vacation hours are available)

The job superintendent and the 2K General offices must first approve all time off requests. An employee must submit a time off request at least three (3) days before the time off requested. This form must be filled out completely and submitted for approval.

\_\_\_\_\_  
 Superintendent Signature  Approved  
 Not Approved

If not approved state reason: \_\_\_\_\_

\_\_\_\_\_  
 2K Office Signature  Approved  
 Not Approved

If not approved state reason: \_\_\_\_\_

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### FOR OFFICE USE ONLY

\_\_\_\_\_ vacation hours taken

\_\_\_\_\_ vacation hours left

NOTES: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_