



Leave Request Application

Employee Name: _____ Number of hours requested: _____ Date: _____

Reason for request for donated PTO: _____

Reason for not enough personal PTO hours to cover absence: _____

I authorize Human Resources to release Protected Health Information (PHI) concerning my need for a PTO leave donation to the Benefits Committee.

Employee Signature: _____ Date of Request: _____

Supervisor Review:

Supervisor recommends ____ Y ____ N Number of hours recommended: _____

Explanation/Comments: _____

Supervisor Name: _____ Supervisor Signature: _____

Regional Manager Name: _____ Regional Signature: _____

RAM RVP Name: _____ RAM RVP Signature: _____

Third Party Owner Approval (If applicable) ____ Y ____ N

Corporate Use Only:

Employee Date of hire: _____ Company/Department: _____

Employee PTO Hours Available: _____ Prior Disciplinary Actions (past 12 months): ____ Y ____ N

Reason for Disciplinary Action: _____

Short Term Disability Benefit: ____ Y ____ N FMLA Eligible: ____ Y ____ N

Urgent or emergency surgery, illness or injury: ____ Y ____ N

PTO Bank Hours Available: _____ Committee Approval: ____ Y ____ N Date of Approval: _____

HR Name: _____ HR Signature: _____