

CITY OF POOLER
PAID TIME OFF REQUEST FIRE DEPARTMENT

Instructions: Use this form to request scheduled or unscheduled Paid Time Off. This form should be submitted in advance of scheduled time off to your supervisor with at least 1 week's notice. This form must be approved and signed by your supervisor and submitted to Human Resources prior to your time off. Any unscheduled time off should be submitted to your supervisor for approval as soon as you return to work. For absences in excess of 2 – 24 hour shifts, employees must have a release to return to work attached.

Time Off Requested: Scheduled Unscheduled

Employee Name: _____ Date: _____

Department: _____ Supervisor: _____

Starting Date: _____ Returning to work on: _____

Total number of hours requested: _____

Employee Signature

PTO is approved: YES NO NO DUE TO STAFFING

Other Reason for Disapproval: _____

Supervisor Signature

Date

Fire Chief Signature

Date

For Human Resources Use Only

Date Request Received: _____

Date Request Processed: _____

Human Resources Signature