

**CITY OF POOLER  
PAID TIME OFF REQUEST**

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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 3 days or more, employees must have a release to return to work attached.

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Time Off Requested:                      Scheduled                       Unscheduled

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

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Returning to work on: \_\_\_\_\_

Total number of days (or hours) requested: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

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PTO is approved:                      YES                       NO

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

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For Human Resources Use Only

Date Request Received: \_\_\_\_\_

Date Request Processed: \_\_\_\_\_

\_\_\_\_\_  
Human Resources Signature