

TIME OFF REQUEST



JKB, LLC

First Name: _____ Last Name: _____

Department: _____ Location: _____

Number of Days Requested: _____ Date(s): _____

Will Return to Work on: _____

Days Paid: _____ Days Unpaid: _____

Reason:

Documentation required for bereavement and jury duty.

Comments (optional):

Employee's Signature: _____ Date: _____

Manager's Approval: _____ Date: _____

Payroll Representative: _____ Date: _____

PTO form must be signed by both the employee and manager in order to be processed.