KEARNEY
ELECTRIC • COMMUNICATIONS

PTO REQUEST FORM

EMPLOYEE NAME

EID

PHONE

FOREMAN

PAID PTO

- ☐ Personal
- ☐ Sick
- ☐ Call-out

UNPAID PTO

- ☐ Personal
- ☐ Sick
- ☐ Call-out

PTO START DATE

First day you're out on PTO
(Month & Day)

PTO END DATE

Last day of PTO, not your return date
(Month & Day)

TOTAL HOURS OF PTO REQUESTED

NOTES (optional)

ACKNOWLEDGMENT

I understand time off is not guaranteed and is subject to management approval, company policy, project needs, and prior requests. I authorize payroll to deduct approved time from my PTO balance or, if no PTO is available, payroll will process as unpaid time.

MANAGER NAME/SIGNATURE

EMPLOYEE NAME/SIGNATURE

DATE

DATE

HR/PAYROLL INTERNAL ONLY

SUBMIT

Please submit this form by emailing directly to your Supervisor for their review and approval, and they will submit the approved PTO Request Form to ***payroll@kearneyaz.com.***