	D BY SUPERVISOR AND GIVEN TO HU	
PTO MUST BE TA	AKEN IN A MINIMUM OF 4 HOUR INCF	REMENTS
EMPLOYEE NAME:		
COMPANY:	DATE:	
BEGINNING DATES (MM/DD/YY)	ENDING DATES (MM/DD/YY)	TOTAL (DAYS OR HOURS
EMPLOYEE SIGNATURE:		DATE:
SUPERVISOR SIGNATURE:		DATE: