

REQUEST FOR TIME OFF



Today's Date _____

Employee Name _____

Dates of Requested Time Off _____

Requested Time off to be: (please circle one)

EARNED PTO*

UNPAID TIME OFF

Approved by _____ Date _____

Once your time has been approved, please make a copy for yourself (if needed) and turn the form in to HR or email to HR@Castlebri.com.

** Employees are not allowed to carry a negative PTO and/or Vacation balances. It is recommended you monitor your paystub to determine if the time you've requested is available. The HR Department will notify you if the time requested is not available to use.*