PROGRESS, INC.
EMPLOYEE LEAVE REQUEST

Employee Name: _____
Printed Name

Department: _____

The employee above requests PTO (Paid Time Off) as follows:

Beginning: _____
(Mo) - (Day) - (Yr)

Ending: _____
(Mo) - (Day) - (Yr)

Returning to Work: _____
(Mo) - (Day) - (Yr)

Total PTO Hours: _____

_____ _____
Request Date Employee

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☐ Approved

☐ Denied Reason: _____

_____

_____ _____
Date Supervisor

This form should be completed and submitted to supervisor <u>at least two weeks</u> prior to intended time off. After approval, supervisor forwards Leave Request to Coordinator of Employee Relations, who files in employee's permanent record.