



Employee Name: _____

Date(s): <small>List each date if multiple days are needed.</small>	Brief Description of Reason:	PTO hours used	ESST (Sick) hours used	Make-Up Hours (if qualifies)
				N/A
				N/A
				N/A
				N/A
				N/A
				N/A
				N/A
				N/A
Total Hours:				0

Employee Signature

Date

Approved By

Date

Additional Notes:

