EAGLE SUITES FORM

Employee PTO Request and Approval Form

PTO FORM 08/25/2026 | Produced: 12:21 PM CDT

Form

Employee Name: ___ *Property / Division:* ___

Position / Department: ___ ***Supervisor:*** _____

Employment Type: `Salary` / `Hourly` PTO Type: `Vacation` / `Sick` / `Personal`

First Day Off: ___ ***Last Day Off:*** ___

Total PTO Days: ___ ***Hours if Hourly:*** ___

Date Submitted: ___ ***Current PTO Balance:*** ___

Employee certifies requested PTO is accrued and understands late approval or late paperwork may move pay to the next regular paycheck.

Employee Signature: _____ Date: _____

PTO Balance Verified: `Yes` / `No` Staffing Impact Reviewed: `Yes` / `No`

Request Status: `Approved` / `Denied` / `Alternate Dates Approved`

Alternate Dates / Notes: _____

Supervisor Signature: ____ Date: _____

Salary cutoff: `12:00 PM` on the `3rd business day` before payday. Hourly cutoff: on the signed `Wednesday` before-payday time sheet. Business day means Monday through Friday excluding federal holidays.

Date Received: _____ Pay Group: `Salary 15th` / `Salary Month-End` / `Hourly Friday`

Payroll Check: _____ Cutoff Met: `Yes` / `No` Time Sheet Confirmed: `Yes` / `No` / `N/A`

Final Disposition: `Current Check` / `Next Check` / `Manual Correction`

HR / Payroll Notes: _____

HR / Payroll Signature: ____ **Date:** _____