

Company: \_\_\_\_\_

### PTO/EIL Report Form

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Date(s) Requested / PTO or EIL (circle one)	# of Hours Requested
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Hours to be Deducted: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee's Signature Date

\_\_\_\_\_  
Supervisor's Signature Date

*Note:* Supervisors should submit this approved form to the Payroll Department no later than Monday morning of payroll week.