



## Employee Paid and Unpaid Time Off Request Form

**Instructions:** Fill out "Employee Section" in its entirety, sign and date, then print or save the form and email to your Site Supervisor to complete the "Client Section". When your Site Supervisor completes the form, it then needs to be sent to our Payroll Administrator at [accounting@madisonapproach.com](mailto:accounting@madisonapproach.com). PTO request for unplanned sick must be received by 10am the Monday following the absence and does not need to be completed by supervisor. All other PTO requests must be submitted for approval 4 weeks in advance of date.

Employee Section	
First Name:	Last Name:
Email Address:	Phone Number:
Date(s) Requested Off:	Date to Return to Work:
Number of hours requested PAID from PTO balance:	
Reason for Time Off: (select one below)	
<input type="checkbox"/> PTO – Vacation/Personal (Must provide request 4 weeks in advance)	
<input type="checkbox"/> PTO – Planned/Unplanned Sick (Must provide request 4 weeks in advance, or as soon as practicable)	
FMLA Qualified Event	
<input type="checkbox"/> Documentation attached	
<input type="checkbox"/> Will be sent separately	
PFL Qualified Event	
<input type="checkbox"/> Documentation attached	
<input type="checkbox"/> Will be sent separately	

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Client Section	
Company Name:	
Supervisor Name:	
Email:	Phone:
Are the above dates approved? Yes    No	
Do you require us to find you coverage for the absence? Yes    No	
Are you otherwise satisfied with the work performance of this employee? Yes    No	
Comments:	

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_