

**Please be sure to indicate the proper days you are using.**

Vacation \_\_\_\_\_ PTO \_\_\_\_\_ Sick \_\_\_\_\_ (used for sick days only) Other - Special note: \_\_\_\_\_

Time is used in NO less than 2 hour increments.

Vacation time requires atleast 2 weeks notice and is approved by your supervisor.

Remember there is no unpaid time, unless approved by a supervisor or manager in advance.  
Return this request sheet to your Supervisor with proper approval. A Copy must be given to HR.

All time is to be handed in with the current pay week,

(no later than the Monday following the end of the pay week) in order to be paid for the time.

U= Unpaid V= Vacation J= Jury Duty B = Bereavement M= FMLA or Medical Leave P= PTO S= Sick O= Other WRI=Injury

When using **SICK TIME**... remember this is not VACATION TIME.. it is to be used for emergencies

or when you are not feeling well. This is not paid out or entitled to be used at end of year.

Please use time carefully so you can allow for the entire year if needed.

Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
					1	2		1	2	3	4	5	6					1	2	3
3	4	5	6	7	8	9	7	8	9	10	11	12	13	4	5	6	7	8	9	10
10	11	12	13	14	15	16	14	15	16	17	18	19	20	11	12	13	14	15	16	17
17	18	19	20	21	22	23	21	22	23	24	25	26	27	18	19	20	21	22	23	24
24	25	26	27	28	29	30	28	29	30	31				25	26	27	28	29	30	
31																				
July							August							September						

**Circle your days and the hours you would like to be paid.**

Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
						1			1	2	3	4	5					1	2	3
2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10
9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17
16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24
23	24	25	26	27	28	29	27	28	29	30				25	26	27	28	29	30	31
30	31																			
October							November							December						

Employee Sign \_\_\_\_\_

DATE \_\_\_\_\_

Supervisor Approval \_\_\_\_\_

Date \_\_\_\_\_

NOTES: \_\_\_\_\_

**THIS FORM IS ONLINE.**

You can print as you need and be sure to submit to your supervisor for approval. Additional forms are online at [www.papaper.com](http://www.papaper.com) under Current Employee Forms.

Please give as much advance notice to ensure your request can be approved.

**If you are faxing send to :570-702-8793 or email: [hrresume@papaper.com](mailto:hrresume@papaper.com)**