

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.