

PAY REQUEST SLIP

Employee Name: _____ Employee # _____
Please Print

Location _____

Requested Date(s)	Tech Pay Request	Office Use Only
PTO: _____ _____ _____	Date ___/___/___ Hours: _____ () Training () Shop Time Type of Work Done _____ _____	Days this request _____ Marked for DOR _____ PTO Calendar _____ Input/Pay Sheet _____ Reviewed By _____ Pay Register _____
Other: _____ _____		
<i>Carry Forward:</i> _____ _____	<i>*Full time employees are scheduled 5 days/week. No time clock punches on a regularly scheduled day will be charged a full day of PTO. Any missing time clock punches that result in less than 4 hours in a day, will be charged a half day of PTO.</i>	_____ Employee Signature ___/___/___
<i>Funeral:</i> _____ _____	<i>* If PTO request falls over more than one pay periods, please complete a PTO Request Slip for each pay period.</i>	_____ Supervisor Signature ___/___/___
<i>Missed Punch:</i> _____ _____		
<i>No Punch:</i> _____ _____		