



ESSEX REGIONAL EDUCATIONAL SERVICES COMMISSION

DIVISION OF HUMAN RESOURCES

Request for Paid Time Off (PTO)

Name: _____ **Date:** _____

Division: _____ **Program/School:** _____

1. If an emergency request is submitted in less than 48 hours prior to the date, please state reason(s) in comment area.
2. A request is NOT granted unless you receive this form back with ALL signatures approving your leave. If you have any questions as to the status of your request, call your immediate Supervisor.

Date(s) Requested:		Total Days Requested:
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	# of Days	Notes
Conference/Workshop		Attach back-up, including itemized statement of expenses for travel, registration fees, food and lodgings, etc.
Jury Duty		Attach copy of Jury Duty Notice. Upon return submit a "Letter of Attendance" to Human Resources. Failure to do so will result in "Docked" pay.
Personal Day		Cannot be used before or after a holiday. <u>Cannot be combined with vacation days.</u> Any unused days convert to sick days the following year.
Sick Day		
Death In Family	Date(s):	Relationship: <input type="checkbox"/> Supporting documentation attached
Other (please explain)		

Comments: _____

REVIEWED BY	APPROVED	NOT APPROVED	COMMENTS
Immediate Supervisor			
Human Resources (confirmation of available dates)			

ADMINISTRATOR COMMENTS: _____

