

PAY REQUEST SLIP

Employee Name: _____

Please Print

Employee # _____

Requested Date(s)

PTO:

Excused:

Other:

Non-Commissionable Pay Request(s)
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Date ___/___/___ Hours: _____

() Training () Shop Time

Type of Work done _____

Date ___/___/___ Hours: _____

() Training () Shop Time

Type of Work done _____

Date ___/___/___ Hours: _____

() Training () Shop Time

Type of Work done _____

Office Use Only:

Present PTO Days Available _____

Less this request _____

of Days Remaining _____

Marked for DOR _____

PTO Calendar _____

Timecard _____

Employee Signature ___/___/___

Supervisor Signature ___/___/___