

EMPLOYEE PAID TIME OFF REQUEST FORM

Employee Name: _____

Date: _____

Employee Number: _____

Location Number: _____

FOR COMPANY USE ONLY

<u>Dates</u>	<u>Total Hours</u>	<u>Reason for Absence</u>	<u>Paid</u>	<u>Unpaid</u>	<u>Excused</u>	<u>Unexcused</u>	<u>Comments</u>

In the event I receive paid time off (“PTO”) in advance of earning it and my employment is terminated before I earn such PTO, by signing below I (a) authorize LKQ Corporation or its subsidiaries (“LKQ”) to deduct from my final paycheck (to the extent permitted by law) any PTO I received in advance of earning it; and (b) agree to pay LKQ for the balance of the unearned PTO that I received if my final paycheck is not used or is insufficient to cover the unearned PTO that I received. I understand that my request for PTO is subject to the terms and conditions of LKQ’s PTO Policy effective January 1, 2010.

Employee Signature: _____

Supervisor Signature: _____

Check here if this modifies or cancels a previous request. If so, please list dates this form is replacing: _____