PAID TIME OFF (PTO)/VACATION/SICK/UNPAID TIME OFF REQUEST FORM

This form must be completed and provided to your Account/Site Manager 14 days in advance of of your Paid/Unpaid Time Off/Vacation request. Please fill the form out completely.

Print your full name as it appears on your pay check:

I, _____ , am requesting Paid Time Off (PTO)/Vacation/Sick Pay/Unpaid Time Off from the dates beginning on _____ through _____

and returning to work on _____. I understand that my request is subject to RMI approval.

I would like to use a total of _____ hours as:

☐ **PTO (Paid Time Off)** As of Pay-Date_____, my PTO balance indicated on my pay-stub is _____ hours
☐ **Paid Vacation** As of Pay-Date_____, my Vacation balance indicated on my pay-stub is _____ hours
☐ **Paid Sick Leave** As of Pay-Date_____, my Sick Leave balance indicated on my pay-stub is _____ hours
☐ **Unpaid Time off**
☐ **Cash Out (PTO/Vacation)** - *Please note: Cashing out any available time while not on an approved leave may result in federal and state taxes being applied at a different rate.*

Optional : *If necessary, please provide documentation to support you time off request and explain.*
_____
_____

Employee Signature: _____   Date: _____

By signing above you are acknowledging that you understand the following:
1. The specified time period you are requesting to be off is subject to approval by RMI International.
2. Time Off requests should not be assumed approved unless I hear from my Manager accordingly within 3 business days.
3. Time Off approved requests can change and/or be cancelled at any time.
4. I am aware I am not able to utilize more than my annual allowable hours within one employment year.
5. I understand that I have read and agree to RMI's Call Off Procedure and Attendance Policy.

Manager Signature: _____   Received Date: _____

Office Use Only

☐ Approved   Date: _____   Approved by: _____
☐ Denied   Date: _____   Denied by: _____

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