

## Manager Paid Time Off Request / Scheduling Form

Manager Name: \_\_\_\_\_

PSP Store: \_\_\_\_\_

PTO year: \_\_\_\_\_

		Amount Used	Remaining Days
PTO days Allowed this year			
PTO to be taken on following dates:			

Manager Requesting: \_\_\_\_\_

Date: \_\_\_\_\_

GM Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_

Date: \_\_\_\_\_