



City of Show Low Paid Time Off Request For Department Use Only

Employee Name: _____ Date Requested: _____

Department: _____ Position: _____

Planned Unplanned

Type of Request

Leave Description	Action Requested		Effective Date(s)	
	Comments	Hours	From	To
<input type="checkbox"/> PTO				
<input type="checkbox"/> Comp Time				
<input type="checkbox"/> Jury Duty				
<input type="checkbox"/> Bereavement				
<input type="checkbox"/> Administrative				
<input type="checkbox"/> Other				
Total Hours Requested				

Comments: _____

Coverage (if applicable): _____

Employee Signature: _____ Date: _____

Supervisor Approval

Approved Denied

Comments: _____

Supervisor Signature: _____ Date: _____