

Healing Paws Veterinary Care Time Off Request

Date Submitted: _____

Employee Name: _____

Employee Signature: _____

Paid Personal Time Off (PTO) Hours

Start Date: _____ Start Time: _____ am/pm

End Date: _____ End Time: _____ am/pm

Total Hours Requested: _____

Reason: _____

Paid Sick Hours

Start Date: _____ Start Time: _____ am/pm

End Date: _____ End Time: _____ am/pm

Total Hours Requested: _____

Reason: _____

Personal Time Off Without Pay Hours

Start Time: _____ am/pm Start Date: _____

End Time: _____ am/pm End Date: _____

Total Hours Requested: _____

Reason: _____

Sick Time Without Pay Hours

Start Time: _____ am/pm Start Date: _____

End Time: _____ am/pm End Date: _____

Total Hours Requested: _____

Reason: _____

To be completed by Bookkeeper:

Date Received: _____

Paid Time Off (PTO) Hours Available: _____

Sick Time Balance Hours Available : _____

Signature: _____

To be completed by Supervisor:

Date Received: _____ Approved: ___ Unapproved: _____

Comments: _____

Signature: _____