PHARMACY DEPARTMENT **REQUEST FOR DAY(S) OFF**

I request _____ day(s) of PTO beginning ____/____.

I will return to work on /____/___.

I request____/___ Non-Productive day (Convention/Seminar/Computer Class).

Complete the three-week calendar grid using the following key:

W – Work NA – Not Available **PTO – Paid Time Off**

C – Convention/Seminar (out of town) **OD** – **OD**/Computer class

Year

Do not adjust weekend day off, i.e., Monday or Friday given as available.

During month(s) of _____

Thursday Friday Monday Tuesday Wednesday Saturday Sunday Date:____ Date:_____ Date:_____ Date:_____ Date:____ Date:____ Date:_____ Key:_____ Key:_____ Key:_____ Key:_____ Key:_____ Key:_____ Key:_____ Monday Tuesday Wednesday Thursday Friday Saturday Sunday Date:_ Date:____ Date: Date: Date:____ Date: Date: Key:_____ Key:_____ Key:_____ Key:_____ Key:_____ Key:_____ Key:_____ Monday Tuesday Wednesday Thursday Friday Saturday Sunday Date:_____ Date:_____ Date:_____ Date:_____ Date:____ Date:_____ Date:_____ Key:_____ Key:_____ Key:_____ Key:_____ Key:_____ Key:_____ Key:_____

Employee's Signature			Date:	/	/
Employee:	(PRINT NAME)				
Granted	Denied	Posted on schedule CLOCK IN HERE:	calendar	/	/
Supervisor's Signature			Date:	/	/