

SUPERIOR COURT IN MOHAVE COUNTY

PTO REQUEST FORM

Name _____ Department/Division _____

Position Title _____ Employee No. _____ Phone # _____

FULL DAY REQUEST

Date PTO Starts _____ Date of Expected Return _____

PTO is scheduled because it is requested at least two weeks in advance.

PTO is unscheduled because it is requested without two weeks advance notice.

PARTIAL DAY REQUEST

Please indicate date and number of hours (minimum of .25 hours) to the nearest quarter hour for each partial day requested (example: 3.00, .75, 7.25)

Date _____	Hours _____
Date _____	Hours _____
Date _____	Hours _____
Date _____	Hours _____

PTO is scheduled because it is requested at least two weeks in advance.

PTO is unscheduled because it is requested without two weeks advance notice.

If you anticipate meeting the eligibility requirements for EIB and/or STD benefits in conjunction with this request, please complete the applicable EIB and/or STD forms.

Employee Signature

Date

Approved

Denied – Reason _____

Supervisor's Signature

Date