



# 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: \_\_\_\_\_