

Asian-American Home Healthcare Services, Inc.

Request for Paid Time Off (PTO)

Name: _____

Date of Birth: _____

Scheduled Work Dates requested Off: (list each day separately)

<i>Month/Day/Year</i>	<i># of Hours</i>	
_____	_____	<input type="checkbox"/> PTO
_____	_____	<input type="checkbox"/> PTO
_____	_____	<input type="checkbox"/> PTO
_____	_____	<input type="checkbox"/> PTO
_____	_____	<input type="checkbox"/> PTO
_____	_____	<input type="checkbox"/> PTO
_____	_____	<input type="checkbox"/> PTO
_____	_____	<input type="checkbox"/> PTO
_____	_____	<input type="checkbox"/> PTO
_____	_____	<input type="checkbox"/> PTO
_____	_____	<input type="checkbox"/> PTO

Total hours requested: _____ hours PTO

Donation: I would like to donate _____ of my PTO hours to

(specific employee or specific project/ cause)

Employee Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

Comments: _____

