

TRI CITY RENTALS

Time Off Request Form



Date: _____

Employee Name: _____

Property: _____

Position: _____

PTO Hours Available: _____

PTO Hours Requested: _____

Date of PTO: _____

Vacation Days Available : _____

Total Work Days Requesting: _____

Vacation Dates Requested: _____ / _____ / _____ Through _____ / _____ / _____

Return Date: _____ / _____ / _____

Vacation Destination: _____

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

General Manager Signature: _____

Date: _____