

**VISITING NURSING ASSOCIATION OF WNY, INC.**

**PTO REQUEST FORM**

EMPLOYEE NUMBER \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

DATE(S) FROM \_\_\_\_\_ THROUGH \_\_\_\_\_ #OF DAYS/HOURS \_\_\_\_\_

- 781 – SCHEDULED PTO
- 109 – CONTINUING EDUCATION
- FMLA
- PFL (Paid Family Leave)
- NY Paid Sick Leave
- OTHER \_\_\_\_\_

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\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

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Employee Signature

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Signature/Supervisor

Date

It is the employee's responsibility to be sure they have available PTO to cover approved time off.