

Time Off Benefit (Form)

Employee Name: _____

Payroll Period
Ending: _____

Company/Property: _____

Time Off From: _____

Through: _____

PTO

PTO is to be taken in blocks of four (4) or eight (8) hours.

Accrued Time Earned: _____	<i>As of the date of this request and found on NovaTime and/or your</i>
Hours Requested: _____	<i>NovaTime and/or your</i>
Hours Remaining: _____	

Sick Time

Sick Time is to be taken in blocks of four (4) or eight (8) hours.

Available Sick Time: _____	<i>Found on NovaTime and/or your Managepoint online account.</i>
Hours Requested: _____	
Hours Remaining: _____	

Bereavement Request

Up to 16 hours for Regular Full Time employees in the event of a death of Spouse, Child, Sibling, Grandchild, Stepchild, Parent, Parent-In-Law, Sister/Brother-In-Law or a Grandparent.

Bereavement Request: _____

Relationship: _____

Employee

Date

Supervisor

Date

