

Employee PTO/Vacation Request & Notice to Payroll

SUPERVISOR MUST SEND COMPLETE FORM TO PAYROLL in advance of vacation.

PAYROLLS are typically final 3 days ahead of scheduled pay dates. This form current as of May 2011.

EMPLOYEE SECTION

Print Full Name: _____ YOUR ID# _____

Total (#) PTO days: _____ WRITE EACH DATE that is to be paid: _____
(If more than 5 days are to be paid as vacation, complete a 2nd form)

I'LL RETURN to full duty at my scheduled work time on _____ (DATE).

- If this absence is due to a medical necessity (for self, spouse, child, etc.), call HR @ 558-5005/888-876-4344
- All requests and approvals are subject to company policy and are void if employment ends.
- A request form must be sent to payroll for ALL PAID TIME OFF/VACATION TAKEN (including managers!).
- Holidays and "scheduled days off" that fall during this period **DO NOT** count against PTO allowance.

INSTRUCTIONS:

- **ATTACH A COPY OF YOUR MOST RECENT PAY STATEMENT** (the page you receive showing what was direct deposited)
- COMPLETE AND SIGN THIS SECTION
- GIVE BOTH TO YOUR SUPERVISOR/MANAGER TO CONSIDER (2 WEEKS - 30 DAYS ADVANCE NOTICE PREFERRED).
- ENJOY YOURSELF ☺

Note: If you experienced a qualified "Family & Medical Leave" during the prior year as a sales person, technician, or service advisor (100% commission-paid at any point during the prior year), CHECK HERE:

EMPLOYEE SIGNATURE: _____ Date: _____

Manager Section:

- Employee has attached most recent PAY VOUCHER so you can verify "PTO AVAILABLE".
- Read the POLICY to be sure this request complies with what is required.

- SALES POSITIONS: Are there dates that fall within this request period that are "scheduled days off" and won't count against PTO/Vacation? If so: _____ <Payroll: don't count this date as "PTO/Vacation"
- CASH-HANDLING/SUPERVISORY/MANAGEMENT POSITIONS: Have you reviewed this request in light of 5-Day Consecutive Policy?

On what DATE is this to be PAID by PAYROLL ADMINISTRATOR? ____/____/____ (must be a future payroll date)

NOTE: Errors can be charged back to the acting manager. Don't submit this to your GM until you've verified it's compliant.

* _____
MANAGER SIGNATURE (*read bottom of this page) PRINT YOUR NAME TODAY'S DATE

IF THIS IS A DUPLICATE OF A LOST FORM, [] CHECK HERE to reduce risk of a PAYMENT ERROR!

General Manager Approval: _____ Date: _____

GM- If you're approving a rare but necessary EXCEPTION TO POLICY, please note your conditions:

Manager/Supervisor: Once the above sections are complete and GM has signed, forward to your centralized payroll office.

Payroll Verification Section

Payroll Use Only	EMPLOYEE is eligible for _____ TOTAL FOR THE YEAR. EMPLOYEE has taken _____ ALREADY FOR THE YEAR.
	_____ (#) days vacation WILL BE PAID ON: _____ for PERIOD ENDING: _____
	HOURLY: _____ Hours x _____ Per Hour x _____ Days = \$ _____
	TECHS/SALES: _____ ÷ 52 WEEKS = _____ / WEEK (do not count FMLA weeks in average) Commission Flag Technicians and Commission Sales pay is based upon prior year earnings divided by 52 weeks.
	SALARIED: Pay regular salary, but through assigned earning category and for specific pay period.
PROCESSED BY: _____ DATE: _____ Payroll Processor PRINT YOUR NAME	

*If documents were not previously filed by management or recorded by Payroll, it will not be accurately reflected in Rey. Payroll conducts a final, manual verification using the actual employee file, but if you notice any discrepancies when completing this form, please call Central Payroll at (210) 231-4417.