

TIME OFF REQUEST FORM

Household Employee: _____

PERSONAL TIME OFF REQUESTS

Paid Time Off: Begins to accrue after 90 days of employment. Requests for PTO of two or more days must be submitted at least two weeks in advance.

Bereavement Leave: Up to three days of paid leave is available for a death in the immediate family.

	Start date	End date	Hours
Personal time off			
Bereavement			
Jury duty/witness			
Military service			
		Total paid time off	

VACATION REQUESTS

Vacation Instructions: Please submit your vacation request at least four weeks in advance of START DATE.

	Start date	End date	Hours	Employer approval
1 st choice				
2 nd choice				
3 rd choice				
		Total paid time off		

Household Employee Name: _____ Date: _____

Employer Name: _____ Date: _____