



Pushmataha
Hospital

Pushmataha Hospital EMPLOYEE REQUEST FOR TIME OFF

Name: _____ Emp. ID# _____ *[required]*

PTO Requested Hours [total #]: _____

Dates Requesting: _____

WITH PAY

WITHOUT PAY

Note: Your available PTO Accrued Hours are noted on your payroll check stub. Request(s) will be reviewed based on staffing requirements and first come, first serve basis.

Employee Signature

Date

Director/Supervisor Signature

Date

IT IS THE EMPLOYEES' RESPONSIBILITY FOR COMPLETING
REQUEST TIME OFF FORM AND TO GET PAID ACCURATELY ON
PAYROLL MONDAYS [every other Monday]!

PAYROLL PROCESSING DEADLINE: 9:00 AM