



ColorVision PTO Request Form

Associate Name: _____

Date: _____

PTO Request	Start Date	End Date	Hours	IF ½ DAY, AM OR PM	ADMIN ONLY
1	/ /	/ /			A _____ C _____
2	/ /	/ /			A _____ C _____
3	/ /	/ /			A _____ C _____
4	/ /	/ /			A _____ C _____
5	/ /	/ /			A _____ C _____
6	/ /	/ /			A _____ C _____
7	/ /	/ /			A _____ C _____
8	/ /	/ /			A _____ C _____
			TOTAL HOURS REQUESTED		

Notes: _____

Associate Signature: _____

Supervisor Approval

PTO Hours Approved: _____ Date: _____

Supervisor Signature: _____