Full-Time Employee Name: _____

I would like to request the following days off from Platt College **OR** I have taken the following days off from Platt College *(if prior approval was not accessible, and I am reporting after the fact)*:

Date off from Platt College	PTO or Leave*	If leave, state the reason.	Whole or Half Day	Notes
Ex: Mon. 11/29/21	*Leave*	*Jury Duty*	*Whole*	

PTO-employee uses either paid time off if available or has a payroll action taken. Leave-no paid time off is used and no payroll role action is taken.

Total number of days requested: _____ Signature of employee:_____

Approval **OR** Acknowledgement of Supervisor: _____

If leave is due to COVID, signature of the Dean of Nursing is required:

_____