



Information Systems Department  
2550 South 41<sup>st</sup> Street  
Wilmington, NC 28403  
866.999.5447

### Paid Time Off Authorization

Employee ID# \_\_\_\_\_ Dept: \_\_\_\_\_ Effective Date \_\_\_\_\_  
Employee Name: \_\_\_\_\_  
Last First M.I.

### Request for Paid Time Off

Scheduled       Unscheduled       Sell Back  
Reason:     Vacation     Holiday     Personal     Sickness/Illness     Other  
Dates (Hours) Absent: Example: 3/1/23 (8hrs) \_\_\_\_\_  
Total PTO hours to be paid and deducted from PTO balance: \_\_\_\_\_  
Corrections (PTO hours to be added back to PTO balance: \_\_\_\_\_  
 Holiday Worked       Authorized Vacation not taken       Other: \_\_\_\_\_  
Dates (hours) applicable: \_\_\_\_\_

### Action Authorized By:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_