

Employee Name _____ Sovereign Commercial Services

Full time or Part time (circle one) Name of Location you are assigned _____

TIME OFF: You are eligible to use your paid PTO after completing 90 days.

When requesting time you must submit this PTO request so that coverage is provided.
Please refer to the PTO time Requesting Time Off policy. Please be mindful of all unpaid time off.

1. For each week you must complete a separate PTO sheet. Circle the days and put the exact hours to be paid.
2. The Request for Time off is given to your Supervisor for approval.
3. You may ask for time off in increments of 1 hour or more.

Pay request must be handed no later than the
Monday following the end of the pay week, in order to be paid for the time.
Please remember the 5 Point Unpaid Time Off system in the handbook.

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Cashing in PTO:
If you are just Cashing in PTO to put extra money in your next check, please indicate how many hours you would like.



December

Circle the days you are requesting for each pay week. Be sure you write in how many hours you are using to be paid correctly.

 = Not Available (please check with your manager for alternate dates or coverage, esp. during the holidays). We will try to accommodate when possible.

Employee Signature _____ Date _____

Supervisor Approval _____ Date _____

This form is available online each quarter. You can print as you need and be sure to submit to your supervisor for approval. SUPERVISORS please be sure before you sign your associate have the proper PTO to use. The forms are still in process of going paperless in December. We will update you as it is available.

Please give as much advance notice to ensure your request can be met. www.sovereigncs.com.

If you are faxing send to : 570-702-8793 or email: hrresume@sovereigncs.com.