



Bath County Memorial Library Time Off Request

Employee Name: _____

Please attach all time off requests to timesheet.

Dates of Absence: _____

Type of Absence Requested

Unsheduled PTO ☐

Scheduled PTO ☐

Total Hours PTO Requested _____

Bereavement ☐

Jury Duty ☐

Time Off Without Pay ☐

Employee Signature: _____

Paid time off is granted and approved based on the needs and requirements of the library.

Approved ☐

Rejected ☐

Comments: _____

Supervisor Signature: _____