

**STX Healthcare Management Services
South Texas Dental**

**PAID TIME-OFF (PTO) REQUEST FORM
(Fax to 713/661-5129 within 24 hrs of request.)**

Office /Department: _____

Dates Requested: _____

of Hours

P. T. O. _____

Reason:

**Employee Name
(Printed)**

Employee Signature

Date

**Manager Name
(Printed)**

Manager Signature

Date

Please note:

All PTO requests must be completed and submitted to the manager at least:

- 30 days in advance for 3 or more consecutive days off or
- 1 week in advance for 1-2 days off

For absence due to illness, personal reasons, and other unforeseen circumstances, this form must be completed and submitted to the payroll department within 1 working day of returning to work. The PTO hours must be listed on your time card in order to receive compensation.

STX/STDA requires all employees to follow this policy.

8/15/13