



EMPLOYEE PAID TIME-OFF REQUEST FORM

CFS SDS employees earn PTO based on their status. Our HR staff track available PTO balances. We will review the form once received to ensure that you have the days available that you are requesting. Please submit this form to the Workforce email at _DL-SDSWorkforce@cfsny.org

[SDS PTO Policy Rev3-24.pdf](#)

Employee Name: _____

Department: _____

Time-Off Dates & Hours Requested:

Dates	Hours	Sick Day Y/N	Dates	Hours	Sick Day Y/N

Total Number of Hours Requested: _____

Signature of Employee

____/____/____
Date

Signature of Individual or Designee

____/____/____
Date

CFS SDS HR APPROVAL

Total Number or Hours Approved: _____

Signature of HR Staff

____/____/____
Date