



Community Health Center of Southeast Kansas

Request for Paid Time Off

Name: _____ Date: _____

Position: _____

Dates Requested Off: _____

Reason: _____

Need Replacement? Yes No

Supervisor Use Only

Authorized: _____ Date: _____

Dates Employee Off: _____

PLEASE FORWARD A COPY TO ADMINISTRATION

All requests for Paid Time Off should be made well in advance, except in emergencies.
CHC/SEK reserves the right to deny requests for paid time off per PTO policy.