



TIME OFF REQUEST FORM

Paid Time Off (PTO)

Date of Request: _____

Employee Name: _____

Division:

Design & Outdoor Lighting

Metering

Administration

Project Engineering

Ops Engineering

Duke-Edwardsport

Gas Operations

Stop Box

Ops Plus Supervisor: _____

Date requested for time off: _____ to _____

PTO hours to be used: _____

Employee Signature: _____

Supervisor Signature: _____ Date: _____

Employees are expected to manage their PTO to build a bank of hours that will cover vacations, illness, personal time, and holidays.