



**CITY OF JURUPA VALLEY
PERSONAL TIME OFF (PTO) FORM**

Please submit this form for approval in advance of your preferred PTO dates and to report used PTO:

Date: _____

Employee Name: _____

Title: _____

Department: _____

PTO Days Earned: _____

PTO Dates Requested: ____/____/____ through ____/____/____

Returning: ____/____/____

Total Number of Days Requested: _____

Signature of Employee

Date

Approval:

Signature of Supervisor

Date