

Respite Time Off Request

Name:	Level:	Region :
PTO Request:		
Date Submitted:	*Total Ho	urs:
*Note, PTO must be taken in 1-hour increments and any hours summited will be subject to t the request was submitted.	he 29 hour maxim	num per week for the wee
Employee Signature:		
Approved By:Date:		
Please submit all requests to Payroll@namimaine.org for approval. If you not currently accrued, your request will be denied and your sheet will be se can be found at the top of your pay stub on the Bangor Savings Bank Portal	nt back. Curre	· · · · · · · · · · · · · · · · · · ·