



PTO Request Form

Associate's Name: _____ Dealership: _____

Time-Off Request (number of): _____ ☐ Days ☐ Hours

Beginning on: _____ Ending on: _____ Return to Work: _____

Reason for Request

☐ - PTO ☐ - Jury Duty ☐ - Medical Leave (If absent for more than 3 days a Dr.'s note may be requested)

☐ - PTO Cash Out (# of hours): _____ (Subject to terms and conditions at cmapeople.com/benefits)

☐ - Other: _____

For normal PTO requests, 30 days' notice is recommended. I understand that this request is subject to approval by my employer.

Employee's Signature: _____ Date: _____

Employer's Decision

☐ - Approved ☐ - Denied

Denial Reason: _____

Manager's Signature: _____ Date: _____

Manager Printed Name: _____