



## SALARIED EMPLOYEE WEEKLY PTO REPORT

Name: \_\_\_\_\_

Week Ending Date: \_\_\_\_\_

**INSTRUCTIONS:** Complete and submit this form to payroll each week no later than 10:00AM on the following Monday (or by 10:00AM on Tuesday if CAFE is closed on Monday). A completed form is required whether or not PTO has been used.

DAY	DATE	PTO USED
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
<b>TOTAL</b>		

\_\_\_\_\_  
Signature