



A Time Warner Company

2005 Request for Paid Time Off (PTO)

All Domestic Locations except California

Request Date: _____

Date of Employment: _____

☐

Scheduled Time (Advance Request)

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Unscheduled Time (Unplanned Absence)

Please provide a brief explanation for unscheduled time (e.g. sick or other reason): _____

Employee Name: _____

Company: _____

Employee Number: _____

Dept. #: _____

Tenure	Maximum PTO Per Calendar Year*	
	TBS Schedule	24 X 7 Schedule
Less than five (5) years**	18 Days (144 Hours)**	28 Days (224 Hours)**
Five (5) years to less than ten (10) years	23 Days (184 Hours)	33 Days (264 Hours)
Ten (10) years and over	28 Days (224 Hours)	28 Days (304 Hours)

* Based on Full Time Status, accrued per chart in policy

** New Hires (employees hired in the same year as requested PTO's) receive prorated time during their first year of employment

See Paid Time Off Chart – New Hires in Policy

Date(s) Requested:							
Day of Week							
Month							
Date							

Emergency Numbers: I can be reached at the following in case of emergency during the dates listed above:

Phone: _____

Phone: _____

Calculation of Paid Time Off:	
A. Annual Allotment of PTO based on above chart (New Hires see policy)	
B. Number of Sick/Personal Days (or hours for non-exempts). Taken since January 1 and PTO days taken since May 1*	
C. Balance Before Request (A-B)	
D. Number of Paid Time Off Days (or hours for non-exempts) Requested*	
E. Balance (C-D)	

* The number of Sick/Personal days taken since January 1 and PTO days taken since May 1 (B) PLUS the number of PTO days requested (D) CANNOT exceed the Annual PTO allowable based on tenure (A).

IMPORTANT: Employee acknowledges that the accrual of PTO time is governed by the PTO policy, including the accrual charts included in the PTO policy. By signing below, the employee agrees that if the employee's employment terminates when the employee has taken more PTO days than the employee has actually accrued, the employee will owe the Company compensation for any un-accrued, borrowed PTO time, and consents for such amounts to be deducted from the employee's final paycheck or any other Company reimbursements owed, subject to applicable laws. To determine days accrued as of any particular date, see accrual chart in policy. Managers should check with Human Resources to determine whether a positive or negative PTO balance exists at time of separation. Employee further represents by signing below that the information provided herein is truthful and accurate to the best of his/her knowledge. To the extent the information is subsequently determined to be inaccurate, the Company's judgment as to the amount of PTO time available and used shall govern.

Employee Signature: _____

Date: _____

Approvals:

Supervisor Signature: _____

Date: _____

Department Head Signature: _____

Date: _____

Forward original (attached to the corresponding timesheet, if you are required dot complete one) to:
TGS, Centennial Tower, 11th Floor