PTO REQUEST FORM

Please complete this form, make a copy for yourself, and submit to the Managing Employer for approval. If approved, the managing employer will submit to the Orion ISO Payroll Department for payment.

Employee Name	
Consumer Name	
List Each Date Requested:	
Number of Total Hours Requested:	
Employee Signature	
Date request submitted	_

Managing Employer Approval Signature	
Date Approved	

Submit to:

Orion ISO
Attn: Payroll
9400 Golden Valley Rd.
Golden Valley, MN 55447
payroll@orionassoc.net
877-677-3314 (fax)