



Paid Time Off (PTO) Request

Last Name:	First Name:	Date:
Please indicate the number of hours requesting:		
Scheduled PTO to be applied to this date		
Hospital Facility Manager Notified	Yes	No
Recruiter Notified	Yes	No
Employee Signature:		

Wellspring Nurse Source Section		
Payroll Documentation		
Employee Name:		
Total amount of PTO hours accrued:		
Amount taken:		
PTO Balance		