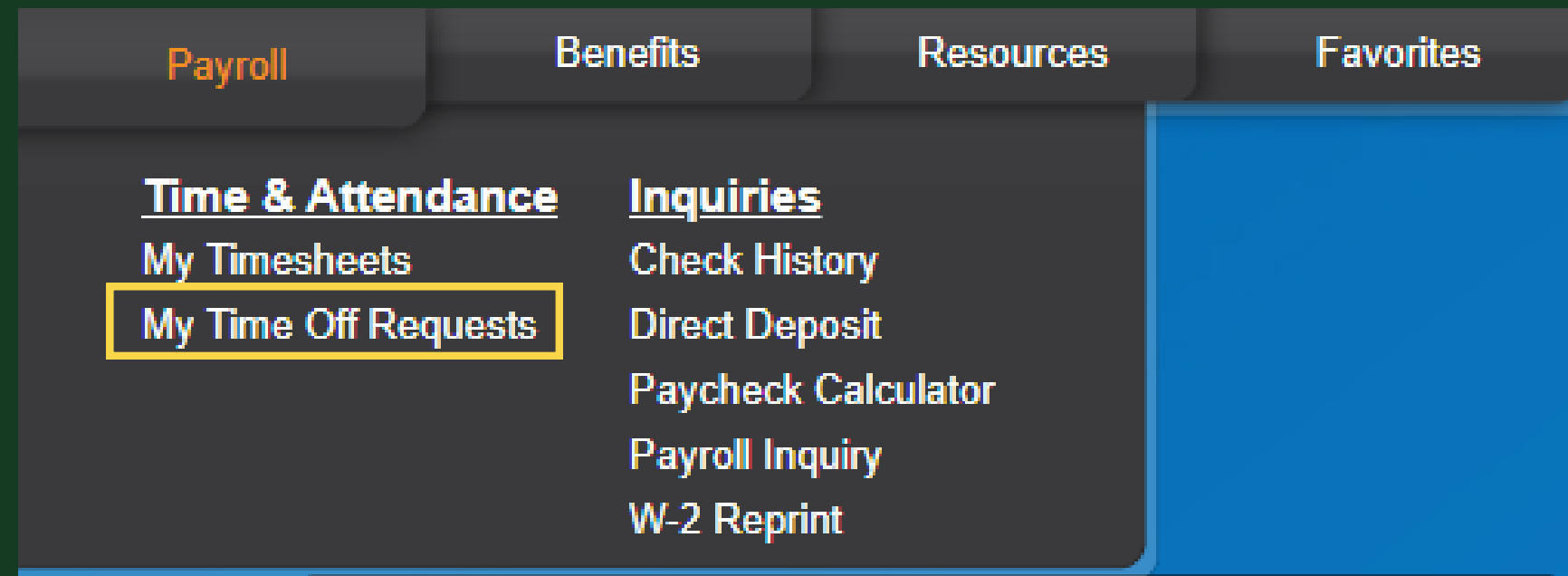
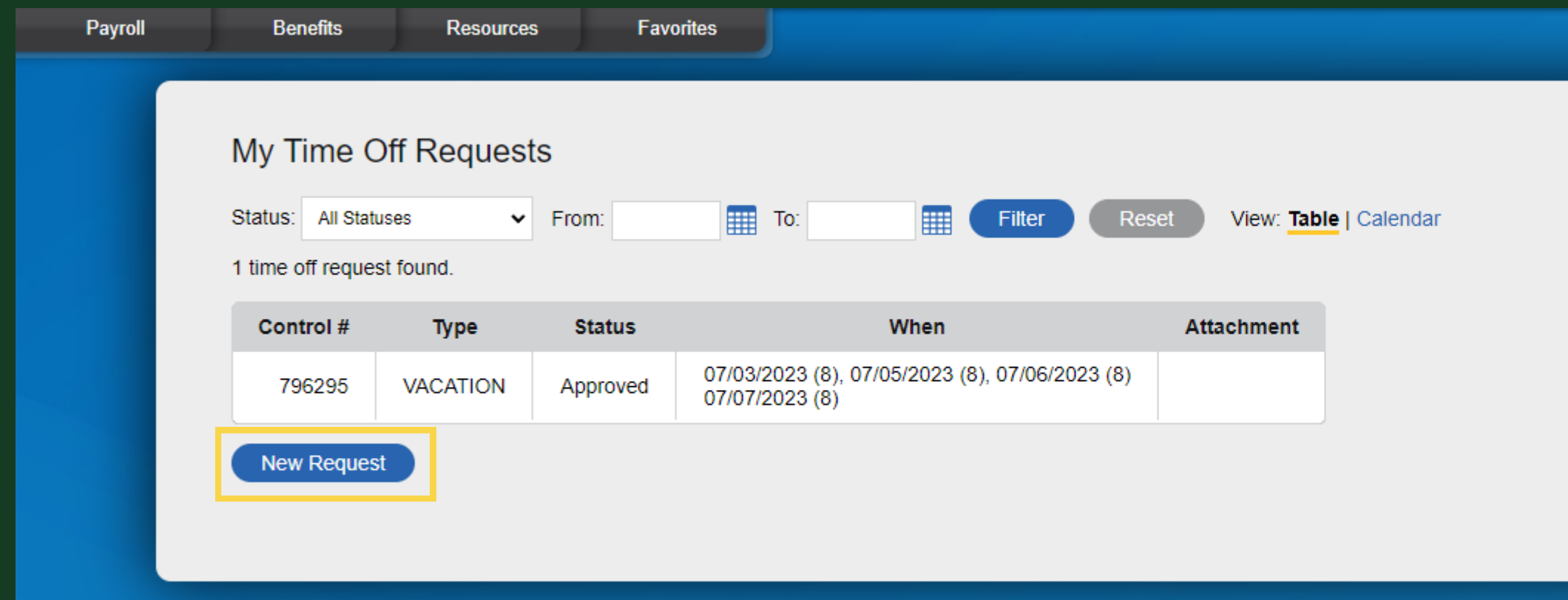


STEPS FOR REQUESTING PAID TIME OFF

1. Open up the "Payroll" tab,
2. Select "My Time Off Requests"



3. Select "New Request"



REQUESTING PTO

4. Fill out the Time Off Request in HR Symphony
5. Submit for Approval
6. Your request will be sent to your site supervisor

***PTO is not accrued throughout your term. All PTO hours become accessible after 3 months.**

****Un-used PTO hours do not get paid out at the end of the term or roll over into the next term.**

Time Off Request

Time Off Request

Control # NEW

Status In Process

Employee Name Low, Luana T.

Time Off Type * Please select...

Date Range MM/DD/YY to MM/DD/YY
(0 days)

Date Range Daily Hours 8 Per Day

Additional Days/Hours Date Hours

+ Add Row
(0 hours)

Attachment Choose File No file chosen

- Uploads must be smaller than 5MB per file.
- ALTRES does not monitor uploaded file.

Notes

Submit for Approval
Return to My Time Off Requests

Type	Accrued Balance ⓘ	Approved Hours ⓘ	Remaining ⓘ
Paid Time Off	79.07 hours	32 hours	47.07 hours

Calendar =Time Off =Holiday =Blackout

June 2023

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

July 2023

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August 2023

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12

September 2023

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9



UNPAID TIME OFF PROCEDURE:

Form on kupuainacorps.com

KAC Time Off Request Form

Step 1:
Complete these sections. Then, send form to your direct site supervisor.

KAC Participant Name: _____

Host Site: _____

Date of Request: _____

Dates Requested for Leave: _____

Reason for Leave: [vacation, medical leave, jury duty, sick leave, etc.]:

Step 2:
Direct site supervisor to complete these sections.

Site Manager Approval:
 Yes
 No

Program Coordinator Approval:
 Yes
 No

Participant Signature and Date: _____
Participant Printed Name: _____

Site Manager Signature and Date: _____
Site Manager Printed Name: _____

Program Coordinator Signature and Date: _____
Program Coordinator Printed Name: _____

Step 3:
Participant to send form to program coordinator. Program coordinator to complete these sections.