

**UNIVERSITY OF DENVER  
Graduate School of Professional Psychology**

**Psychology Internship Consortium**

**PAID TIME OFF REQUEST FORM**

**Intern's Name:**

**Primary Supervisor's Name:**

**Date/s PTO Requested:**

**Total Hours:**

***Intern's Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

***Supervisor's Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

**\*\*Electronic Signatures will be considered acceptable at this time\*\***