



**TIME OFF REQUEST FORM for Accra Consumer Choice, Inc.**

You are eligible for Paid Time Off (PTO) if:

- You have worked 600 hours after July 1, 2015.
- Have accrued eligible PTO hours; you will earn 1 PTO hour for every 40 hours worked beginning June 24<sup>th</sup>, 2019.
- Your PTO balance is available on your ADP Paystub.
- The Participant/Responsible Party has approved to your use of PTO.
- You may use PTO hours when the participant is hospitalized.

Refer to the Paid Time Off policy for more information regarding eligibility.

Name (print) \_\_\_\_\_ EmpID: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUEST FOR PAID TIME OFF**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Hours Requested: \_\_\_\_\_

Comments: \_\_\_\_\_

I am requesting to use \_\_\_\_\_ hours of PTO while the participant is in the hospital. Signature of the Participant/RP is not required.

I am requesting to be paid for \_\_\_\_\_ hours of PTO.

\_\_\_\_\_  
Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Participant/RP Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature by the Participant/RP indicates approval of PTO – **Participant/RP is responsible for securing replacement care.**

Approval by Employee and the Participant/RP does not guarantee payment of time off.

**This PTO form must be submitted with your timecard for the period in which you are requesting PTO.**

**Internal use only** – to be completed by employee services at Accra:

\_\_\_\_\_  
\_\_\_\_\_APPROVED \_\_\_\_\_DENIED \_\_\_\_\_No Paid Time Available \_\_\_\_\_Other \_\_\_\_\_ Initials of Accra staff: \_\_\_\_\_