



Time Off Request Form for Accra Care Inc

Paid Time Off Request

Please note:

- PTO is accrued at 1 hour for every 30 hours worked
- You may carry up to 80 hours of accrued PTO every fiscal year (July 1-June 30)
- If you are using PTO in place of a shift, you will need approval from the participant/responsible party
- You may use PTO hours when the participant is hospitalized
- Refer to the Paid Time Off Policy in the home folder for more information regarding eligibility

Request for paid time off

Start Date: _____ End Date: _____

Total Hours requested: _____

Floating Holiday Request

You must submit this form with your timesheet for the pay period of this request. It is your responsibility to monitor and manage your PTO accrual and available floating holidays.

Employee Name (Print): _____

Employee ID: _____

Employee Signature: _____

Date Signed: _____

Internal Use only:

PTO Approved: _____ PTO Denied: _____ Reason for denial: _____ Initials of Accra Staff: _____

Please note:

- Effective October 1st, 2021, you may receive holiday pay (one and a half times your regular rate) for hours worked on 2 holidays of your choice per fiscal year (July 1-June 30)
- Unused floating holidays cannot be carried over at the end of the fiscal year
- You will continue to receive Holiday pay for hours worked on these holidays (Use of this form is not required for these holidays):
 - New Year's Day, Rev. Dr. Martin Luther King Jr. Day, Memorial Day, Labor Day and Thanksgiving

Request for use of floating holiday:

Holiday: _____

Date of holiday: _____