



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 24th, 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.
- You live in the city of St. Paul, Minneapolis, or Duluth and sick and safe time ordinances pertain to you.

Refer to the Paid Time Off policy on page 32 of the handbook 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 or Sick & Safe Time.

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: _____