



PAID TIME OFF (PTO) REQUEST FORM for Accra Consumer Choice, Inc.

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

1. You have worked at least six hundred (600) hours or six (6) months, whichever comes first.
2. You have accrued PTO hours available. You will earn 1 hour of PTO for every 30 hours worked beginning October 1, 2021. Your PTO balance is available on your pay stubs on ADP.
3. The Participant/Responsible Party has approved to your use of PTO.

Notes:

- You may use PTO hours when the participant is hospitalized.
- If you work in the city of St. Paul, Minneapolis, or Duluth, Sick & Safe Time ordinances may pertain to you.
- **Refer to the Paid Time Off policy on page 32 of the FMS 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.

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: _____