



## FMS PAID TIME OFF REQUEST FORM for Accra Care, Inc

You are eligible for Paid Time Off (PTO):

- If you have accrued eligible PTO hours;
- If the Participant has approved your use of PTO.
- For a covered reason under Minnesota’s Earned Sick and Safe time law
- You may use PTO hours when the participant is hospitalized as you are not allowed to provide services during that time.

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

- You will earn 1 hour of PTO hour for every 30 hours you have worked.
- Your PTO balance is available on your ADP Paystub.
- 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.**

### **REQUEST FOR PAYMENT**

Employee Name (print) \_\_\_\_\_ Employee ID: \_\_\_\_\_

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

I am requesting to be paid for \_\_\_\_\_ hours of PTO. (Signature of Participant/RP is not required.)

I am requesting to cash out all of my available hours of PTO. (Signature of Participant/RP is not required.)

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

### **REQUEST FOR TIME OFF**

Please coordinate with your responsible party to get any time off work approved.

**Participant/RP is responsible for securing replacement care.**

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

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

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Signature by the Participant/RP indicates approval of Time Off Work hours.