

**PAID TIME OFF (PTO) REQUEST FORM for Accra FMS, LLC****You are eligible for Paid Time Off (PTO) if:**

1. 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 Paylocity.
2. The Participant/Responsible Party has approved your use of PTO.

**Notes:**

- You may use PTO hours when the participant is hospitalized.
- **Refer to the Paid Time Off policy on page 36 of the FMS Handbook for more information regarding eligibility.**

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

**REQUEST FOR PAID TIME OFF**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer Name/Paylocity Company ID : \_\_\_\_\_ Total Hours Requested: \_\_\_\_\_

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

\_\_\_\_\_  
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 following the pay period calendar. If no hours were worked during the pay period, a timesheet should not be submitted.**