Employee Time Off Request Form

**All PCA’s**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Comments (optional):

**Traditional PCA’s:**

EVERY time off request must be put in writing--**on this form**--and **turned into the office by the 15th of the preceding month** (or sooner), to allow for scheduling to accommodate the request. NO VERBAL, EMAILED, OR TEXTED REQUESTS ARE HONORED. There is no guarantee that we can grant your requests but we will certainly try. ***If the time off you are requesting is not on this form, it is considered NOT requested!*** Traditional PCA’s do not accrue PTO.

**Choice PCA’s:**

I am requesting to be paid for \_\_\_\_\_\_\_\_\_\_\_hours of PTO.

*Signature of Client/RP is required.*

I am requesting to use \_\_\_\_\_\_\_\_\_\_\_ hours of PTO while the Choice Client is in the hospital.

Total Hours Requested (for Choice PCA’s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Unpaid?  yes  no

This form must be submitted no later than with your timesheet for the pay period in which you are requesting PTO.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Signature (all PCA’s must sign & date) Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Choice Client/RP Signature Date

Signature by the Choice Client/RP indicates approval of PTO-**Client/RP is responsible for securing replacement care.** *Approval by Employee and Choice Client/RP does not guarantee payment for time off.*

**Office Use Only:**  Approved  Denied  No PTO Available  Other

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

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Payroll Staff Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**