

Employee Time Off Request Form

Employee Name: _____ Date: _____

Start Date: _____ End Date: _____ Return Date: _____

Comments (optional):

Traditional PCA's:

Includes Homemaker and Respite (even if Choice for PCA services)

- I am requesting to be paid for _____ hours of PTO (must meet specific requirements; see policy).
- Other (explain) _____ Unpaid? yes no

Employee Signature (all PCA's must sign & date)

Date

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!***

Choice PCA's:

- I am requesting to be paid for _____ hours of PTO. *Signature of Client/RP is required.*
- 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: _____

Payroll Staff Signature: _____ Date: _____