



Employee Time Off Request Form

Employee Name: _____ Date: _____

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

Total Hours Requested (for Choice PCA's): _____

Comments:

Traditional PCA's:

Every time off request must be put in writing. NO VERBAL REQUESTS ARE ACCEPTED. Remember, all requests must be in writing and **turned into the office by the 15th of the preceding month**. There is no guarantee that we can honor your requests but we will certainly try. WE ARE NOT RESPONSIBLE FOR REMEMBERING YOUR VERBAL REQUESTS! Traditional PCA's do not accrue PTO.

Choice PCA's:

I am requesting to use _____ hours of PTO while the Choice Client is in the hospital.
Signature of Choice Client/Responsible Party is not required.

I am requesting to be paid for _____ hours of PTO.

This form must be submitted with your timecard for the pay period in which you are requesting PTO.

Employee Signature

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: _____