

**PCA Paid Time-Off (PTO) Request Form**

PCAs who work for PCA Choice consumers in Minnesota earn paid time-off (PTO). You will accumulate 1 PTO hour for every 52 hours worked beginning July 1, 2015. You may earn up to 80 hours PTO in one year. You may carry-over up to 80 unused PTO hours from one year to the next. *Please refer to our company policies regarding PTO (Section 5.2, A.). Also see SEIU Healthcare Minnesota web site at <http://www.seiuhealthcaremn.org/>*

PCAs may request use of their accrued paid time-off hours providing the following conditions are met:

1. You must have worked 600 hours beginning after July 1, 2015.
2. You must have enough PTO hours accumulated to accommodate your request.  
*Your PTO balance is available on your Ability Care Partners Paychex Online Paystub.*
3. Your consumer (or RP) has approved your use of PTO.

If you have any questions or concerns, please contact us via email or telephone.

PCA First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

PCA ID (UMPI) #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Consumer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PTO REQUEST** **Pay Period End Date:** \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_ Total Hours Requested: \_\_\_\_\_

- I have also worked shifts during the Pay Period listed above:  Yes  No
- I am requesting these PTO hours for days my consumer was hospitalized\*:  Yes  No

You must submit this form, completed entirely and signed by both parties (\*no consumer signature required if they were hospitalized). You must submit this form by fax or email on the timesheet due date (Mondays at 1:00pm). If received by the deadline, you will receive payment on payday by direct deposit. This PTO form must be submitted with your timecard for the period in which you are requesting PTO.

**PTO will be paid according to the payday's on the payroll calendar.**

**We cannot process immediate or emergency PTO requests, or paper checks. No exceptions.**

**AUTHORIZATION**

*Signature by the PCA authorizes use of accrued PTO hours at their current wage. The hours used will be deducted from PTO balance and reflected on the PCA Paychex paystub online. The consumer (RP) signature indicates approval of PTO and accepts responsibility for securing replacement care by another PCA or friend/family.*

PCA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Consumer (or RP) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY: Staff Initials \_\_\_\_\_ Date: \_\_\_\_\_ Status:  Approved  Insufficient PTO  Other \_\_\_\_\_