TIME OFF REQUEST FORM for Accra Care, Inc

You are eligible for Paid Time Off (PTO) if:

- Have accrued eligible PTO hours; you will earn 1 PTO hour for every 43 hours worked.
- Your PTO balance is available on your ADP Paystub.
- The Participant has approved to your use of PTO.
- You may use PTO hours when the participant is hospitalized.

Refer to the Paid Time Off policy for more information regarding eligibility.

Name (print)_____ EmpID: _____ Date: _____

REQUEST FOR PAID TIME OFF

Start Date:_____ End Date:_____ Total Hours Requested: _____

Comments:_____

☐ I am requesting to use _____ hours of PTO while the participant is in the hospital. Signature of the Participant/RP is not required.

☐ I am requesting to be paid for ____ hours of PTO. Signature of Participant/RP is not required.

_____ _____ _____ _____

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 off.

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

Internal use only – to be completed by employee services at Accra:
_____ APPROVED _____DENIED ___ No Paid Time Available ___ Other _____ Initials of Accra staff: _____