# paid time off (pto) request

**Instructions:** Employee completes this form and submits to Authorized Party/Support Manager for approval.

Send completed form to Lifeworks via one of the following methods:

Fax: 651-454-2773

Email: Payroll@lifeworks.org

Mail: 2965 Lone Oak Dr., Suite 160, Eagan, MN 55121

|  |  |
| --- | --- |
| **EMPLOYEE INFORMATION** | |
| **EMPLOYEE NAME** | **EMPLOYEE ID #** |
| **PARTICIPANT NAME** | **DATE OF REQUEST** |
| **DATES OF PTO** – PTO must be used in 15-minute increments *(EXAMPLE 4.25, 4.5, or 4.75)* | |
| **DATE** | **NUMBER OF HOURS** |
| **DATE** | **NUMBER OF HOURS** |
| **DATE** | **NUMBER OF HOURS** |
| **DATE** | **NUMBER OF HOURS** |
| **TOTAL HOURS REQUESTED** | |
| **SIGNATURES** | |
| **EMPLOYEE SIGNATURE** | **DATE** |
| **SUPPORT MANAGER SIGNATURE** | **DATE** |

**PAID TIME OFF (PTO) POLICY**

* An Individual Provider (Employee) shall accrue one (1) hour of paid time off for every thirty (30) hours worked in covered programs, with accrual effective as of October 1, 2021.
* In order to utilize Paid Time Off, an Individual Provider must have worked at least six hundred (600) hours or six (6) months, whichever comes first, in covered programs.
* An Individual Provider (Employee) may carry over up to eighty (80) hours of PTO from one state fiscal year to the next, (July 1 – June 30).
* Employees must use PTO in 15 minutes increments.
* Employee must complete Paid Time Off Request Form and submit to Authorized Party/Support Manager prior to taking time off.
* Requests will be processed with the next payroll run based on date of receipt.
* PTO available balance will be printed on Employee’s pay stub.
* Employee will be paid only for hours accrued, as reported on pay stub. Hours that exceed available PTO balance will be treated as unpaid time-off.