



Employee Paid Time-Off (PTO) Request Form

First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Client Name: _____

Date(s) Requested: _____ Total Amount of PTO Requested: _____

(Optional) Reason: _____

- I have also worked shifts during the pay period listed above: Yes No
- I am requesting PTO hours for days my client was hospitalized: Yes No

You must submit this form completed entirely. This form must be submitted by fax to 952-777-1668 or by email to yong.y@seniorhomeinc.com on the timesheet due dates (Mondays before 11:59PM). If received by the deadline, you will receive payment on payday. This PTO form must be submitted with or before your timecards for the period in which you are requesting PTO.

Employee Signature: _____ Date: _____

PTO will be paid according to the paydays on the payroll calendar. We cannot process immediate or emergency PTO requests, or paper checks. No exceptions.

Office Use Only:

Staff Initials: _____ Date: _____ Status: Approved Insufficient PTO Other: _____