

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: CashSupport@lifeworks.org

Mail: 6636 Cedar Ave S., Ste 250, Richfield, MN 55423

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.
- 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.