SequoiaSD
Part of the AssuranceSD Family

PAID TIME OFF (PTO) REQUEST

UTILIZATION OF PTO

Today's Date: _____

- For utilization of available PTO, please note the following when making this request:
  - This request must align with your typical work schedule
    - Days of the Week
    - Number of Hours per Standard Shift
- Requests are limited to 40 hours per work week, regardless of the budget available. PTO cannot be used to pay the Direct Care Worker overtime. The PTO will not be processed if it will cause the employee to go into overtime.

Direct Care Worker Full Name: _____
First MI Last

Participant Full Name: _____
First MI Last

Request Start Date: _____ Request End Date: _____

Number of Hours Per Day: _____ Total Number of Hours Requested: _____ Rate Per Hour: $_____
(Ex. 3 or 6) **typical shift length (Ex. 12 hours)

Comments:

Direct Care Worker: Please submit this to the Worksite Employer (Participant/Representative/Family) for approval.
Worksite Employer: Please submit this to sequoiahr@SequioaSD.com to process.

Direct Care Worker Signature: _____ Date: _____

Participant/Representative Signature: _____ Date: _____