SequoiaSD
Part of the AssuranceSD Family

PAID TIME OFF (PTO) REQUEST

Participant's Full Name: _____ Date: _____

UTILIZATION OF PAID TIME OFF

For utilization of available PTO, please note the request must align with your typical work schedule including days of the week and 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.

Employee Full Name: _____

Request Start Date: _____ Request End Date: _____

Number of Hours Per Day: _____ Rate Per Hour: _____ Total Number of Hours Requested: _____

*(Ex. 6) **typical shift length* *(Ex. 12 hours)*

Comments:

Employee: Please submit this to the Worksite Employer for approval.

Worksite Employer: Please submit this to SequoiaHR@SequoiaSD.com to process.

Employee Signature: _____ Date: _____

Employer / Authorized Representative Signature: _____ Date: _____