

Time Off (PTO) Request

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

Employee Name _____

Client Name _____ Date of request _____

Dates of PTO (Employees must use PTO in 15 minutes increments.)

Date _____ # of hours _____

Date _____ # of hours _____

Date _____ # of hours _____

Date _____ # of hours _____

Total Hours Requested _____

Authorized Party/Support Manager - sign and send to Lifeworks.

Signature _____ Date _____

Send to Lifeworks Services, Inc. by Fax to 651-365-3788, or email
Payroll@lifeworks.org, or Mail to: 2965 Lone Oak Dr., Suite 160, Eagan, MN 55121

PAID TIME OFF (PTO) POLICY

An Individual Provider (Employee) shall accrue one (1) hour of paid time off for every fifty-two (52) hours worked in covered programs, with accrual effective as of July 1, 2015. Employees must provide at least 600 hours of these services after July 1, 2015, to use the paid time off they have earned. An Individual Provider (Employee) must obtain the express consent of his or her participant/client in order to use PTO. 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.