

**Southeastern Minnesota Center for Independent Living, Inc. (SEMCIL)
SEMCIL United Home Healthcare Choices, Inc. (SEMCIL UHHC)**

**Direct Caregiver Staff
Paid Time Off (PTO) or PTO as Cash Benefit
Request Form**

Employee Name: _____ **Date:** _____

Last Four Digits of Social Security Number: _ _ _ _ **Available PTO Hours:** _____

A. PTO Request for Cash Benefit

Number of hours to be taken as cash: _____ **HOURS**

PTO may be taken as cash during the months of May and/or November ONLY to a **maximum** of 80 hours per year. Request for PTO as cash **must be submitted by the 15th of April and/or the 15th of October**. Payout will be included in the first payroll of the months of May and November. Send request directly to payroll.

Date Request Processed by Payroll: _____ **Staff Name:** _____

B. PTO Request for Time off

Dates: _____ **Hours Requested:** _____

Dates: _____ **Hours Requested:** _____

When you take PTO as time off, you must notify your Scheduler at least two (2) weeks prior to time off. You may also be responsible for finding replacement staff. The total of PTO and work hours cannot exceed 40 hours per week. Send completed form to the scheduler for your area.

Rochester Schedulers: (507) 285-1815
Winona Scheduler: (507) 452-5490

Consumer Name(s): _____

Replacement Name(s): _____

Date Request Completed by Scheduling: _____ **Staff Name:** _____
(Scheduler will forward completed form to payroll.)

Date Request Processed by Payroll: _____ **Staff Name:** _____

Once requests have been processed by payroll, send form to Human Resources for employee file.