



Southeastern Minnesota Center for Independent Living, Inc. (SEMCIL)
PCA Staff Paid Time Off (PTO) Request Form

Employee Name: Last First MI Employee ID:

PCA Recipient (If PCA Choice): Date:

PCA Traditional PCAs

Please complete and sign this form and return it to the SEMCIL Rochester office two (2) weeks prior to time off for approval by PCA Program staff.

PCA Choice PCAs

The PCA Choice employee is to complete and sign this form and give it to the PCA Recipient or Responsible Party for approval. The completed and signed form is to be sent to the SEMCIL Rochester office at least one week prior to time off.

One hour of PTO is accrued for every 52 hours worked. PTO may not be used until the employee has worked a total of 600 hours after July 1, 2015. PTO cannot exceed forty (40) hours per week unless routinely working at forty eight (48) hours per week. PTO may not be used prior to accrual of PTO hours.

Paid Time Off Request

Date: Hours of PTO:
Date: Hours of PTO:
Date: Hours of PTO:

Notes:

Employee Signature Date

Approval Signatures

PCA Recipient/RP Signature Date

SEMCIL PCA Program Signature Date