PERSONAL **PAID** TIME OFF (PTO) REQUEST FORM

Requests for vacation must be submitted to the MLRA office no later than the 15th of the month prior to the month for which you are requesting time off. (*For example, if you are requesting off on 4/25 this form must be submitted by 3/15.****) Requests for Jury Duty, Bereavement and Family Medical Leave should be submitted as soon as the employee learns of the need.*** *Staff may not use PTO until they have completed the 90 day probationary period. Employees may not take more than two consecutive weeks of PTO at one time.*

PLEASE NOTE: All approvals are subject to administrative discretion based on the availability of coverage.

Name: _____

Dates requested: _____

You must list these dates on your timecard as paid hours*

Reason for request:

☐ Vacation ☐ Jury Duty or Court Appearance (attach subpoena)
☐ Bereavement ☐ Family Medical Leave (see FML Policy & Request Form)

(Please refer to the policies on PTO, Jury Duty and Court Appearances, Bereavement, and Family Medical Leave.)

If requesting PAID time off, please read and check "yes" or "no":

* I understand that I am required to have sufficient PTO to cover this request and it is my responsibility to ensure that I do. ☐ **Yes** ☐ **No**
* I will submit a weekly time card during my time off ☐ **Yes** ☐ **No**

Number of paid PTO hours requested: _____

PTO hours available on my most recent check stub: _____

Comments:

Employee's signature: _____ **Date:** _____

Coordinators/Directors/Office Staff:
All are required to arrange for coverage when taking paid time off other than for unplanned sickness.

Person covering my responsibilities: _____
(Attach email showing agreement to cover cases.)

(Do not write below this line)

Date received in MLRA Office: _____
Approved by (signature): _____
Received & Distributed by SC (date): _____
Approved: ☐ **Denied:** ☐
Original returned to requestor: ☐
Copies Distributed to: ☐ **supervisor / coordinator**
☐ **All admin staff (for admin staff request ONLY)**

PERSONAL UNPAID TIME OFF (PTO) REQUEST FORM

Requests for vacation must be submitted to the MLRA office no later than the 15th of the month prior to the month for which you are requesting time off. (*For example, if you are requesting off on 4/25 this form must be submitted by 3/15.****) Requests for Jury Duty, Bereavement and Family Medical Leave should be submitted as soon as the employee learns of the need.***
Staff may not use PTO until they have completed the 90 day probationary period. Employees may not take more than two consecutive weeks of PTO at one time.

PLEASE NOTE: All approvals are subject to administrative discretion based on the availability of coverage.

Name: _____

Dates requested: _____
You must list these dates on your timecard as unpaid hours.*

Reason for request:
☐ Vacation ☐ Jury Duty or Court Appearance (attach subpoena)
☐ Bereavement ☐ Family Medical Leave (see FML Policy & Request Form)
(Please refer to the policies on PTO, Jury Duty and Court Appearances, Bereavement, and Family Medical Leave.)

If requesting UNPAID time off, please complete(Part-time staff only):

* I will submit a weekly time card during my time off ☐ **Yes** ☐ **No**
* If I will not meet with any clients during my time off I will write my name in the appropriate location then write *"No Clients Seen This Week"* across the top of my timecard

Number of unpaid hours requested: _____

Comments:

Employee's signature: _____ **Date:** _____
(Do not write below this line)

Coordinators/Directors/Office Staff:
All are required to arrange for coverage when taking paid time off other than for unplanned sickness.

Person covering my responsibilities: _____
(Attach email showing agreement to cover cases.)

(Do not write below this line)

Date received in MLRA Office: _____
Approved by (signature): _____
Received & Distributed by SC (date): _____
Approved: ☐ **Denied:** ☐
Original returned to requestor: ☐
Copies Distributed to: ☐ **supervisor / coordinator**
☐ **All admin staff (for admin staff request ONLY)**

EXAMPLE - PAID TIME OFF TIMESHEET

Main Line Rehabilitation Associates
Time Card

Name: Terry DeCounselor

Pay 1 Week 1
Pay period ending 12/26/2015

Due in office with all documentation 12/23/2015

Client: M. Booth
Service Provided: CRT

	IN	OUT	HRS	CRT	CI	SE	TRAVEL
SUN 12/13/15							
MON 12/14/15	9:00	12:00	3				.75
TUE 12/15/15							
WED 12/16/15	2:00	5:00	3				
THU 12/17/15							
FRI 12/18/15							
SAT 12/19/15							
TOTAL			6				.75

Client: PTO
Service Provided:

	IN	OUT	HRS	CRT	CI	SE	TRAVEL
SUN							
MON							
TUE	9:00	5:00	8				
WED							
THU							
FRI							
SAT							
TOTAL			8				

Client: J. Collins
Service Provided: CRT

	IN	OUT	HRS	CRT	CI	SE	TRAVEL	TOTAL
SUN								
MON								3.75
TUE								8
WED	9:00	1:30	4.5				.5	8
THU								
FRI	9:00	1:30	4.5				.5	5
SAT								
TOTAL			9				1	24.75

Client: J. Doe
Service Provided: CRT

	IN	OUT	HRS	CRT	CI	SE	TRAVEL
SUN 12/13/15							
MON 12/14/15	12:45	4:45	4				
TUE 12/15/15							
WED 12/16/15							
THU 12/17/15							
FRI 12/18/15							
SAT 12/19/15							
TOTAL			4				

Client: J. Smith
Service Provided: CRT

	IN	OUT	HRS	CRT	CI	SE	TRAVEL
SUN							
MON							
TUE							
WED							
THU							
FRI	2:00	5:00	3				
SAT							
TOTAL			3				

Client: C. Johnson
Service Provided: CRT

	IN	OUT	HRS	CRT	CI	SE	TRAVEL	TOTAL
SUN								
MON								4
TUE								
WED								
THU	9:00	5:00	8	3		5		8
FRI								3
SAT								
TOTAL			8	3		5		15
								39.75

IF YOU HAVE A CANCELLATION FILL OUT REVERSE SIDE AS PER POLICY TO BE PAID FOR THOSE HOURS.

EXAMPLE - UNPAID TIME OFF TIMESHEET

Main Line Rehabilitation Associates
Time Card

Name: Terry DeCounselor

Pay 1 Week 1
Pay period ending 12/26/2015

NO CLIENTS SEEN THIS WEEK

Due in office with all documentation 12/23/2015

Client:
Service Provided:

	IN	OUT	HRS	CRT	CI	SE	TRAVEL
SUN 12/13/15							
MON 12/14/15							
TUE 12/15/15							
WED 12/16/15							
THU 12/17/15							
FRI 12/18/15							
SAT 12/19/15							
TOTAL							

Client:
Service Provided:

	IN	OUT	HRS	CRT	CI	SE	TRAVEL
SUN							
MON							
TUE							
WED							
THU							
FRI							
SAT							
TOTAL							

Client:
Service Provided:

	IN	OUT	HRS	CRT	CI	SE	TRAVEL	TOTAL
SUN								
MON								
TUE								
WED								
THU								
FRI								
SAT								
TOTAL								

Client:
Service Provided:

	IN	OUT	HRS	CRT	CI	SE	TRAVEL
SUN 12/13/15							
MON 12/14/15							
TUE 12/15/15							
WED 12/16/15							
THU 12/17/15							
FRI 12/18/15							
SAT 12/19/15							
TOTAL							

Client:
Service Provided:

	IN	OUT	HRS	CRT	CI	SE	TRAVEL
SUN							
MON							
TUE							
WED							
THU							
FRI							
SAT							
TOTAL							

Client:
Service Provided:

	IN	OUT	HRS	CRT	CI	SE	TRAVEL	TOTAL
SUN								
MON								
TUE								
WED								
THU								
FRI								
SAT								
TOTAL								

IF YOU HAVE A CANCELLATION FILL OUT REVERSE SIDE AS PER POLICY TO BE PAID FOR THOSE HOURS.