

Paid Time Off/Sick and Safe Request

P-R-I-N-T Employee Name _____

P-R-I-N-T Client Name _____

____ Initial that you have worked 600 hours.

Pay Period Start Date	Pay Period End Date	Total PTO Hours Requested
____/____/20____	____/____/20____	_____

*Signatures are required for payment:

Employee _____ Date _____

Client/Rep _____ Date _____

*Upon termination of employment, qualified PTO may be used without signature

For Office Use Only:

SEIU Requirements Met? Yes No

PTO Hours Available

PTO Frequently Asked Questions

How is Paid Time Off Calculated and when do hours become qualified for use?

Employees working under CDCS and CSG programs earn 1 hour of PTO for every 43 hours worked (Eff. 09/01/17)

What is my PTO Balance?

Accrued Balance and PTO Used Balances are located on your paycheck stub or Direct Deposit stub.

Who approves Paid Time Off Requests?

The Union Agreement states that workers "must obtain the express consent of his or her participant/client in order to use PTO." This means that workers cannot take their PTO without the permission of the participant they work for and the request must be signed by the employee and the Participant Representative.

Can I turn in PTO hours in addition to the hours worked?

Employees can turn in PTO hours above and beyond hours worked, however, they do not count toward overtime.

When and how am I paid for my PTO hours?

You will receive a separate Direct Deposit for PTO hours approved according to the payroll schedule.

What hourly rate will be used to pay out PTO hours if I have different pay rates for different services?

Your hourly PTO rate will be calculated using your primary rate.

What if I work with multiple clients and/or multiple FMS' under the CDCS and CSG programs?

Each PTO account is management

How many PTO hours can I accumulate?

Employees are allowed to carry over up to 80 hours of unused PTO each July 1st.

What happens to my PTO when I stop working?

If an employee discontinues working for a participant, it is the **Employee's responsibility** to submit a PTO form for any qualified, unused PTO the employee has earned within 60 days of the end date or by the end of the calendar quarter; whichever is sooner.

Options for Submitting Your PTO Requests

Toll Free Fax: 1-888-400-3238

E-Mail: Payroll@yourfse.com

Questions: Call your CDI Contact

Mail: Consumer Directions

PO Box 6128

Saint Cloud, MN 56302