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### Choice PCA Paid Time-Off Request Form

This form is to be used by PCA Choice Clients and Choice PCA employees. The Choice PCA should complete the first section of the form when requesting paid time-off (PTO). When completed, the form should be submitted to the PCA Choice Client for approval. **If approved, the PCA Choice Client will need to submit the form to the Payroll Department 2 weeks prior to the date requested off.** The PTO will then be entered for the Choice PCA.

\*Choice PCA employees must work a total of 600 hours or six months (whichever comes first) with a Choice Client before they can use their PTO.

PCA Choice Client Name: \_\_\_\_\_

Choice PCA Name: \_\_\_\_\_

**Dates Requested Off:**

	SAT	SUN	MON	TUES	WED	THURS	FRI
Date							

	SAT	SUN	MON	TUES	WED	THURS	FRI
Date							

Amount of Hours: \_\_\_\_\_

Choice PCA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Client's Approval

Approved                       Not Approved

PCA Choice Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

**PTO Hours:**

Choice PCA eligible to use accumulated PTO hours:  YES     NO

Amount of PTO used for time-off requested: \_\_\_\_\_

Pay period PTO was paid out: \_\_\_\_\_ to \_\_\_\_\_

Payroll Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Notify Human Resources

\*Keep in Payroll File