



1821 University Ave W, Suite 295  
Saint Paul, MN 55104  
Phone: 651-470-9549 Fax: 651-493-2930  
Email: info@aareliable.com

## **Employee Paid Time-Off (PTO) Request Form**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Client Name: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_ Total Amount of PTO Requested: \_\_\_\_\_

(Optional) Reason: \_\_\_\_\_

- I have also worked shifts during the pay period listed above: Yes No
- I am requesting PTO hours for days my client was hospitalized: Yes No

You must submit this form completed entirely. This form must be submitted by fax to 651-493-2930 or by email to [info@aareliable.com](mailto:info@aareliable.com) on the timesheet due dates (Mondays before 11:59PM). If received by the deadline, you will receive payment on payday. This PTO form must be submitted with or before your timecards for the period in which you are requesting PTO.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PTO will be paid according to the paydays on the payroll calendar. We cannot process immediate or emergency PTO requests, or paper checks. No exceptions.**

**Office Use Only:**

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Status: Approved Insufficient PTO Other: \_\_\_\_\_