

## Paid Time Off Notification and Communication

Employee Name		Total Hrs. Available		Date		
Date/s Requested:	From:		Thru:		Tot Hrs. Requested	
Leave Type (Circle One)	PTO	Non-PTO				
Reason (Circle one)	Illness	Vacation	FML	Other: (explain)		

\*\*\*\*\*This section to be completed only by approving authority personnel\*\*\*\*\*

Date Scheduler entered request off on calendar	Date Communicated to Pt/Family	Date PCM Notified	Date CM Notified	Date Alora Scheduler updated	Skills check-off completed for replacement (yes/No)	Comments

Approved       Denied

Office Manager Signature:       Date:

**Note:** Employees should make their leave request as far in advance as possible but no later than two weeks in advance. \* Any requests received with less than 2 weeks advance notice will be immediately denied. Denied requests will be discussed with individual employees at time of denial. Approval or Denial will be based on the needs of employee, patients, and employer. Employer will make every attempt to grant an employee the leave dates requested. PTO is dependent on accrual and personnel policy as outlined in the employee handbook.