



Access North

Center for Independent Living of Northeastern Minnesota

www.accessnorth.net

Assisting individuals with disabilities to live independently, pursue meaningful goals, and have the same opportunities and choices as all people.

1309 East 40th Street, Hibbing, MN 55746 • (218) 262-6675 • FAX (218) 262-6677

An Equal Opportunity Employer

Date _____

PERSONAL TIME OFF REQUEST FORM (Fill Out 1 PTO Form For Each Pay Period)

Please fill out this form with dates according to the pay period and hours you are requesting off and give to your Consumer/RP for approval.

DSP/PCA Name _____

Requests the following hours off against the Personal Time Off (PTO) already accumulated.

Dates <small>(dates must align with the pay period, review the payroll schedule before entering dates)</small>	PTO Hours Requested

Forms can be sent to time@accessnorth.net

Form must be received by Monday following the end of the pay period in which you are submitting PTO for. Form must be received no later than 4pm Monday to be processed.

1 PTO form for each pay period, review the payroll schedule before filling out PTO form.

Forms not filled out completely or correctly cannot be processed.

Please remember PTO needs to be approved prior to taking time off.

DSP/PCA Signature

Consumer/RP Signature