

Time Off Request Form

Name _____

Client Name _____

Dates and hours:

Please select PTO or Sick & Safe

Date:	Hours requesting:	Service:	PTO:	Sick & Safe:

By signing this form, I certify that if I am requesting paid sick and safe leave, it is for one of the reasons listed in the AccuKare employee notice for earned sick and safe time, that I may be asked to provide reasonable documentation for leave lasting more than three days, and that paid sick and safe leave may be denied if the terms of the policy have not been followed.

Employee's Signature: _____ Date: _____

Approved by: _____ Date: _____

This form must be submitted by the payroll deadline for the dates listed above to timecards@accukare.com or faxed to AccuKare at 763-862-2135.

Time requested will be paid based on the accrued available balance noted on your Paychex check stub.