



# REINSTATE PAID TIME OFF (PTO)

Employee Name (PRINT): \_\_\_\_\_

Participant Name (PRINT): \_\_\_\_\_

I choose to reinstate my Paid Time Off (PTO). I understand that I am entitled to this benefit under the SEIU Union Contract.

I will not be eligible to reinstate my PTO accrual until the renewal date of the Participant's next service plan year. I must complete this Reinstatement PTO form at least 30 days prior to the start of the next service plan year to begin accruing PTO again. PTO will begin accruing at the first full payroll period of the new service plan year.

**Date of New Service Plan Year:** \_\_\_\_\_

**Signatures Required to reinstate PTO:**

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

Managing Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SUBMIT TO YOUR FMS SPECIALIST**