



PAID TIME OFF (PTO) REQUEST

Direct Support Worker(DSW) Name(PRINT): _____

Participant Name (PRINT): _____

Total PTO Hours Requested: _____

Signatures are required for payment of requested hours:

DSW Signature: _____ Date: _____

Managing Party/Representative Signature: _____ Date: _____

ADDITIONAL INFORMATION:

Your PTO balance can be found on the Employee Self-Service (ESS) portal under the PTO available balance feature.

All requests for PTO need to be received Mondays by the noon deadline based on the payroll payment schedule.

PLEASE SUBMIT YOUR PTO REQUESTS:

Email: cdiaccounting@yourfse.com

Fax: (320) 281-7476