



REINSTATE PAID TIME OFF (PTO)

Direct Support Worker(DSW) 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:

DSW Signature: _____ Date: _____

Managing Party/Representative Signature: _____ Date: _____

PLEASE SUBMIT TO YOUR FMS SPECIALIST