



Waive PTO for Family Members / Employee Rate Record for Waiving PTO

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

Participant Who You Are Waiving PTO for (PRINT): _____

Are you a family member? YES ___ or NO ___ (If NO, you are not eligible to Waive PTO)

You Will Need A Waive PTO Form For Each Participant You Work With

By waiving PTO, does this result in a change of hourly rate of pay? YES ___ or NO ___

If YES, Current Rate of Pay: _____ New Rate of Pay: _____

By Signing Below:

You choose to waive the accrual of your Paid Time Off (PTO) hours. You understand that you're entitled to this benefit under the Minnesota Earned Sick & Safe Law, City Sick & Safe Ordinances, and SEIU Union Contract, and you are freely choosing to decline your PTO benefit. Any current PTO balances will need to be processed and paid out prior to taking effect.

You understand that this waiver will remain in place until you complete the Reinstatement PTO form.

DSW Signature: _____ Date: _____

Managing Party/Representative Signature: _____ Date: _____

PLEASE SUBMIT TO YOUR FMS SPECIALIST