

Friends and Family Homecare
RESPIRE PROGRAM

Authorization to use PTO

Client Name: _____

Hours Requested

Pay cycle ending

Signature of PCA

Date

PCA's printed name

I authorize my PCA to use PTO time available to them.

Client or Responsible Party

Date

THIS FORM MUST BE TURNED IN WITH YOUR TIME SHEETS TO BE APPLIED TO YOUR NEXT PAYCHECK. PTO WILL NOT BE PAID ON A SEPARATE PAYCHECK.