

Pandemic Emergency Advanced Paid Time Off Request Form

Please complete and submit this form to People Services at peopleservices@carenethealthcare.com with required medical documentation.

Team Member Information																		
Team Member Name (Last, First MI)		E-mail Address																
Home Address	City	State	Zip															
Telephone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell	Status: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	Team Member Number																
Advanced PTO Qualification																		
<input type="checkbox"/> I have been diagnosed		<input type="checkbox"/> I have a household member with a diagnosis																
Date Last Worked:		Anticipated Return Date:																
Consent to Advanced Paid Time Off (PTO)																		
<p>PTO is required to be used in accordance with applicable policy. Team Members are not eligible for bereavement, jury duty or holiday pay while not actively at work. PTO will not continue to accrue during Unpaid Time Off. If you have been advanced any PTO hours at the time your employment ends, the dollar value of the number of advanced PTO hours, calculated using your current base hourly rate on your last date of employment, will be deducted from your final paycheck. In the event that your last paycheck does not cover the advancement, you will be liable for repayment of the difference.</p> <p>Note: Team members must have met their 90 day anniversary to use PTO (paid time off)</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 30%;">Type</td> <td style="text-align: center; width: 30%;">Number of Hours</td> <td style="width: 40%;"></td> </tr> <tr> <td style="text-align: center;">Paid Time Off (PTO):</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td style="text-align: center;">Advanced Paid Time Off (APTO):</td> <td style="text-align: center;">_____</td> <td style="text-align: right;">(no more than 32 hours for FT and 16 hours for PT)</td> </tr> <tr> <td style="text-align: center;">Total Paid Time:</td> <td style="text-align: center;">_____</td> <td style="text-align: right;">Unpaid Time Anticipated:</td> </tr> <tr> <td></td> <td style="text-align: center;">_____</td> <td></td> </tr> </table>				Type	Number of Hours		Paid Time Off (PTO):	_____		Advanced Paid Time Off (APTO):	_____	(no more than 32 hours for FT and 16 hours for PT)	Total Paid Time:	_____	Unpaid Time Anticipated:		_____	
Type	Number of Hours																	
Paid Time Off (PTO):	_____																	
Advanced Paid Time Off (APTO):	_____	(no more than 32 hours for FT and 16 hours for PT)																
Total Paid Time:	_____	Unpaid Time Anticipated:																

Team Member Benefits																		
<p>Team Members are responsible to pay their portion of applicable insurance premiums. The following amounts are collected from the Team Member per paycheck. In the event that you do not receive a paycheck you will be liable for your portion of the premiums:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Medical: \$ _____</td> <td style="width: 50%;">Dental: \$ _____</td> </tr> <tr> <td>Vision: \$ _____</td> <td>Voluntary Life: \$ _____</td> </tr> <tr> <td>Disability: \$ _____</td> <td>Other _____: \$ _____</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total: \$ _____</td> </tr> </table>				Medical: \$ _____	Dental: \$ _____	Vision: \$ _____	Voluntary Life: \$ _____	Disability: \$ _____	Other _____: \$ _____	Total: \$ _____								
Medical: \$ _____	Dental: \$ _____																	
Vision: \$ _____	Voluntary Life: \$ _____																	
Disability: \$ _____	Other _____: \$ _____																	
Total: \$ _____																		
Acknowledgements																		
<ul style="list-style-type: none"> All Team Members must maintain contact their Direct Supervisor while out of work. Team Members returning to work will be required to provide medical clearance from their physician stating that the Team Member is able to return to work. Failure to return upon approved date may be viewed as job abandonment and result in a voluntary resignation of employment. I have read and fully understand the information contained in the attached Pandemic Emergency Illness Policy and on this form. 																		

Signatures

Team Member Signature:

Date:

People Services Approval Approved Denied

Signature:

Date: