



**PAID TIME OFF**  
**Exemption Form**

Worker's Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Participant's Representative: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Service Plan Dates: \_\_\_\_\_

Per legislation passed in May 2024, regarding SEIU HealthCare Minnesota's Collective Bargaining Agreement, I understand that as an individual worker in CDCS or CSG I waive my Paid Time Off (PTO)/Sick and Safe time with the understanding the funds will be returned to the Participant's budget for alternative use by the Participant. I understand, once I waive my PTO/Sick and Safe, I will not be eligible to opt back into PTO/Sick and Safe until the start of the Participant's next service plan year.

Please agree to the following:

- I agree to waive my Paid Time Off/Sick and Safe time. I understand that I am not able to begin accruing PTO/Sick and Safe until the beginning of the next service plan year.
- I understand that any PTO/Sick and Safe balance I have will be paid out when this request is processed.

Date Requested: \_\_\_\_\_

By checking the boxes above and signing below, I understand that I waive my Paid Time Off/Sick and Safe time and will not accrue PTO/Sick and Safe for hours for the remainder of the plan year. This agreement will remain in effect until revoked in writing, at the beginning of a new service plan year.

\*The exemption of PTO/Sick and Safe will begin at the start of a new pay period. PTO/Sick and Safe accumulation will continue through the pay period of the date requested.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Participant/Representative Signature*

\_\_\_\_\_  
*Date*

*I am signing this form electronically. My name as typed in the signature field is my legally binding signature. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (Minnesota Statutes 325L.02(h), 325L.05 and 325L.08)*

**Employee #** \_\_\_\_\_  
*For office use only*

**FOR OFFICE USE ONLY:**

**P.P.E.** \_\_\_\_\_