

PAID TIME OFF
Exemption Form
Please PRINT using black ink

Employee # _____
For office use only

Employee Name: _____

Client Name: _____ County _____

Client Representative: _____ Daytime Phone # _____

Service Plan Dates: _____

Per the SEIU Collective Bargaining Agreement beginning July 1, 2021, I understand that as an Individual Provider in CDCS or CSG, I waive my Paid Time Off (PTO) 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, I will not be eligible to opt back into PTO until the start of the Participant's next service plan year.

Please agree to the following:

- I agree to and waive my Paid Time Off. I understand that I am not able to begin accruing my PTO until the beginning of the next service plan year.
- I understand that any PTO 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 and will not accrue PTO for hours worked as of date requested. This agreement will remain in effect until revoked in writing, at the beginning of a new service plan year.

Employee Signature

Client/Representative Signature

Date

FOR OFFICE USE ONLY:

P.P.E. _____