

Associates Care – PTO Sharing Request Form

Please print your name: _____

Associate payroll ID number: _____

(Do not use Social Security number, use the number located on your pay stub, to the left of your name and address. It can be found under your location listing to the right of your S I T E _ D E P T _ A S S O C I A T E I D)

Work Site _____

Amount of PTO being requested: ____ ____ . ____ ____ (hours) (Maximum of 80 hours annually, no more than 40 hours at one time)

- Reason for request: (See Policy)
- Unexpected medical emergency for myself (Diagnosis not required.)
 - Unexpected medical emergency for my spouse, parent, child or domestic partner
 - Personal emergency for myself

Date of the Request: ____/____/____

Associate's Signature: _____ /____/____
(Date)

Work phone number: (____ ____ ____) - ____ ____ ____ - ____ ____ ____

Associates E-mail address _____
(Either phone number or e-mail address is required for notification)

➤ After the form is completed with signature, fax a copy to HR Direct at 630-572-2528. Approval notification will be by e-mail or phone, keep a copy for your records.