



INDIVIDUAL PROVIDER - PAID LEAVE REQUEST FORM

Santrax ID#: _____ Case ID#: _____ District #: _____

Provider Last Name: _____ First: _____ Middle: _____

Start Date	End Date	Start Time	End Time	# of Hours
			Total	

Note if you are filling the form electronically:

- # of Hours - Will be auto calculated if you download the form to your computer and fill it electronically.
- Use drop down arrows to select the date.
- Enter hours in military time or hours with am or pm format. Example
 -- 12:00, 15:00 - Military Time
 -- 12:00 pm, 2:00 pm
 -- Enter Hour <Colon> Min <Space> am or pm
- Do not enter periods after am or pm.
- Please refer to Instructions below for more details.

INSTRUCTIONS

- Completed and signed Paid Leave request forms must be submitted to the customer's local office in person, via email, or fax. In cases where the Individual Provider knows in advance of the need for paid time off, the Individual Provider should strive to provide notice at least seven (7) days in advance of the requested paid time off for approval and processing.
- The minimum amount of Paid Leave that can be requested is 2 hours.
- Paid Leave can only be approved and paid in two (2) hour increments. For example - 2, 4, 6, or 8 hours.
- If you would like to take multiple days off, enter each date / hour(s) individually in its own line in the above table.

INDIVIDUAL PROVIDER CERTIFICATION

I certify that the above requested hours are in accordance with the Home Services Program rules and policies related to Paid Leave, as described in Article IX of the currently effective SEIU Collective bargaining agreement. I further certify to the best of my knowledge and belief that I have sufficient Paid Time Off to cover the hours specified in this request. I understand that if i have insufficient hours to cover the full length of the request, the request may be rejected and/or returned to me for correction. I understand falsification of any information submitted could lead to a rejection of my paid time off.

Yes	No

Check box: I have notified my customer regarding my Paid Leave Request

Provider Signature: _____ Date: _____

For Office Use Only

DHS Payment Approval: _____ Date: _____