

Consumer Name: \_\_\_\_\_ PSW Name: \_\_\_\_\_

Consumer Number:     PSW 5 Last Digits of SSN:

Pay Period:  1<sup>st</sup> (1-15<sup>th</sup>)  2<sup>nd</sup> (16-31<sup>st</sup>) Month:   Year: 20

When Faxing Paid Leave Request, Please Do Not Include a Coversheet.

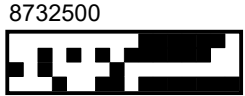
Day of Month	Time-In		Time-Out		Total Hours			
	HH:MM		HH:MM		HH.HH			
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							<input type="text"/>	<input type="text"/>
							<b>Total Hours</b>	

\_\_\_\_\_  
Employer/Consumer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Personal Service Worker Signature

\_\_\_\_\_  
Date



I understand my employer must approve this time off request form. I understand I can only request paid time off if I have time off available to use. I understand this time off request form must be submitted with the timesheet for the same time period. Payment for time off will not come from the consumer's monthly budget. I also understand that providing false information or hiding important facts may lead to legal consequences under State laws.