myIL aces$ FINANCIAL MANAGEMENT SERVICES

ACES$ Illinois Paid Leave Request

Email Paid Leave Request to: timesheetsIL@mycil.org

Fax Paid Leave Request to: 877-808-7014

Consumer Name: _____ **PSW Name:** _____

Consumer Number: ☐☐☐☐ **PSW 5 Last Digits of SSN:** ☐☐☐☐☐

Pay Period: ◯ 1st (1-15th) ◯ 2nd (16-31st) **Month:** ☐☐ **Year:** 20☐☐

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

Day of Month	Time-In HH:MM		Time-Out HH:MM		Total Hours HH.HH
☐☐	☐☐:☐☐	◯AM ◯PM	☐☐:☐☐	◯AM ◯PM	☐☐.☐☐
☐☐	☐☐:☐☐	◯AM ◯PM	☐☐:☐☐	◯AM ◯PM	☐☐.☐☐
☐☐	☐☐:☐☐	◯AM ◯PM	☐☐:☐☐	◯AM ◯PM	☐☐.☐☐
☐☐	☐☐:☐☐	◯AM ◯PM	☐☐:☐☐	◯AM ◯PM	☐☐.☐☐
☐☐	☐☐:☐☐	◯AM ◯PM	☐☐:☐☐	◯AM ◯PM	☐☐.☐☐
☐☐	☐☐:☐☐	◯AM ◯PM	☐☐:☐☐	◯AM ◯PM	☐☐.☐☐
☐☐	☐☐:☐☐	◯AM ◯PM	☐☐:☐☐	◯AM ◯PM	☐☐.☐☐
☐☐	☐☐:☐☐	◯AM ◯PM	☐☐:☐☐	◯AM ◯PM	☐☐.☐☐
☐☐	☐☐:☐☐	◯AM ◯PM	☐☐:☐☐	◯AM ◯PM	☐☐.☐☐
☐☐	☐☐:☐☐	◯AM ◯PM	☐☐:☐☐	◯AM ◯PM	☐☐.☐☐
☐☐	☐☐:☐☐	◯AM ◯PM	☐☐:☐☐	◯AM ◯PM	☐☐.☐☐
☐☐	☐☐:☐☐	◯AM ◯PM	☐☐:☐☐	◯AM ◯PM	☐☐.☐☐
☐☐	☐☐:☐☐	◯AM ◯PM	☐☐:☐☐	◯AM ◯PM	☐☐.☐☐
☐☐	☐☐:☐☐	◯AM ◯PM	☐☐:☐☐	◯AM ◯PM	☐☐.☐☐
☐☐	☐☐:☐☐	◯AM ◯PM	☐☐:☐☐	◯AM ◯PM	☐☐.☐☐
				Total Hours	☐☐☐.☐☐

Employer/Consumer Signature _____ *Date* _____ *Personal Service Worker Signature* _____ *Date* _____

8732500

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.