



## Family PTO Request Form

40 hours of Family PTO is given to each participant per budget year; this benefit is a direct benefit from the fringe pool. This benefit is available to full time staff and can be requested by the participant or the representative. It can be used when you are going on vacation, for challenging medical times or extenuating circumstances. The request will be reviewed and final approved by the FI, Family & Child Service of Schenectady, an affiliate of Living Resources..

**Instructions: Complete the form when requesting Family Paid Time Off. FI Coordinator will email back to you when hours have been entered.**

**Participant:** \_\_\_\_\_ **Budget Year:** \_\_\_\_\_

**Staff Name:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

<b>Date</b>							
<b>Number of Hours</b>							

**Detailed reason for request (participant request, hospitalizations, etc):**

---



---



---



---



---

**Signature of approval and completion:** \_\_\_\_\_

**Family PTO Balance:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_