

CONSUMER DIRECTED PERSONAL ASSISTANT SERVICE

AIM – ILC

PAID TIME OFF REQUEST

PERSONAL ASSISTANT: _____

Beginning Date	Ending Date	Hours Requested

- Requests must match timesheet schedule. If Time off is on two separate pay periods, please complete an additional Request.
- This form must be used in order to be paid. Please do not write Paid Time Off on your Timesheets.
- Personal Assistants **MUST** be physically and actively working for a consumer in order to use Paid Time Off.

Personal Assistant SignatureDate

Consumer SignatureDate

Internal Use Only
Med \$ _____
Med Tot \$ _____
.....
Non H \$ _____
V/S/P \$ _____
Hol \$ _____
Trn \$ _____
.....
TOT \$ _____
RE \$ _____