

 **PTO ACCRUAL AUTHORIZATION FORM**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Request:

Service Line: Island Health Care Island Hospice Independent Life at Home RightHealth® THA Services

 InteguHealth Palliation Choices

Community Office: BEAUFORT BLUFFTON SKIDAWAY PERRY STREET

The above-named employee has worked the equivalents to receive an adjusted PTO accrual on this week’s pay run in the amount of (check box below):

Accrual Type : PT (.6) PT (.8) FT (1.)

Approved:

Leader of Employee

Approved:

President and CEO

 Date:

Date:

**Processing Instructions**: Once approved, forward the completed form to Payroll. Retain a copy in the payroll records.