



Personal Assistance Options, Inc.

Midland Towne Center; 1509 Washington Street Suite B; Midland MI 48640

Ph: 989-837-8350; FAX: 989-698-0101

Web site: www.PAOmidland.org

Leave Time Request and Planning Form

Date Submitted _____

Requestor's Name _____

Type of Leave Requested _____

Leave Start Date _____

Leave Completion Date _____

Have adequate replacement plans been made to avoid overtime?

Please use the second page to summarize the replacement plan that has been worked out with your Coordinator and Team.

PAO leave policy states that planned leaves must be requested two weeks in advance to provide adequate time for replacement planning and paper work. Please discuss planned leaves at your Team scheduling meeting for each consumer, providing as much advanced notice as possible. Please submit the above request form to PAO (Consumer and Staff Relations Coordinator) as soon as your leave dates have been set.

Reminder – Leave time is for medical and vacation purposes and should only be used to maintain full time hours when your schedule changes temporarily. Your coordinator and the PAO Consumer and Staff Relations Coordinator can help you with longer term schedule changes.

See the PAO Employee Policy Handbook for more details on leave types and policies.



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Name _____

Date	Day of Week	Shifts Requested to be filled	Consumer	Replacement Staff	Replacement Staff Initials	Coordinator

PAO Mission: *Providing support to individuals with disabilities based on their personal needs and goals*