



Paid Time Off (PTO) Request Form

WORKER INFORMATION	
Full Name	ID/Last 4 of SSN
Employer Name	Participant(s) For Whom You Provide Care

You may request time off throughout the year. our request for time off must be submitted an approved by the employer in advance. If more than one employee has requested the same time and when this would make it difficult to provide quality service or interrupt projected schedules, requests will be considered in the order in which they are received. Every effort will be made to honor the time off request.

A separate form must be submitted for each period of requested time off. If submitting a request for a half or partial day, please indicate the specific times you are requesting time off below. The employer reserves the right to contact during paid time off should an emergency situation arise.

REQUIRED INFORMATION	
Requested Date(s):	
Requested Times:	<input type="checkbox"/> Full Day(s):
	<input type="checkbox"/> Partial Day(s) - Indicate the times of leave: _____
Reason for Request:	
Paid Time Off (number of hours): _____	Unpaid Time Off: _____
Worker Signature:	Date:
FOR EMPLOYER COMPLETION	
<input type="checkbox"/> Approved	Remarks:
<input type="checkbox"/> Denied	
Employer Signature:	Date:

Please return this form to Sunflower via email:

LENEMPLOYMENTSUPPORT@sunflowerhealthplan.com or via fax to 1.877.851.3990.