



Paid Time Off Waiver Form
For CDCS and CSG

Employee Name: _____ Employee Number _____

Name of Person Receiving Services : _____

I have voluntarily chosen to waive the right to earn Paid Time Off (PTO) for my work in CDCS or CSG. I understand that:

- I will no longer accrue PTO and will stop earning additional PTO.
I can not retroactively waive PTO. This change will take effect beginning with the first date of the next pay period after the form is submitted.
I will not be able to choose to earn PTO again until the next service plan year of the person I support. If I have questions about that date I will contact my employer or Mains'l manager.
This waiver will stay in effect until I notify Mains'l in writing that I have chosen to begin earning PTO again and the new service plan year for the person I support begins.
Any PTO that I have already earned is still available to use. Once any previously earned PTO has been used I will not have any PTO available for such things as vacations, hospitalizations, or sick days.

Employee Signature: _____

Date: _____

Mains'l Use:

New Pay code (if needed) _____ ISS adjusted for changes _____

Payroll adjusted to end PTO: _____ Effective Date _____