"We are a not-for-profit organization creating social change within communities by supporting people with disabilities on their search for identity and acceptance."

Acceptance ***Equity*** ***Support***

Self-Hired Staff Employee Time Off Request Form

Employer/Employee Information	
Participant/Designee Name:	
FI Self-Hired Staff Name:	
Service (Check One) ☐ Self-Hired Community Habilitation	☐ Self-Hired Respite
Date(s) Requested:	
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.
Total hours requested:	

Type of Request		
☐ COVID – 19 Pay	☐ NYC Sick Leave	☐ Personal
☐ Jury Duty (proof of service required)		☐ Birthday PTO
☐ Funeral/Beareavement (proof of attendance required)		
☐ Other: _____		

Comments

- Self-Hired Staff Time off Requests MUST be approved by Participant/Designee
- Time off Requests MUST be entered into Paycom
- Self-Hired Staff Time off Request Form MUST be submitted to Employer's Fiscal Intermediary Coordinator

Self-Hired Staff signature: _____

Participant/Designee approval: _____