Request to Receive Additional Paid Time Off (PTO)

I am requesting additional PTO hours from Adjoin Paid Time Off (PTO) Leave Sharing Program because I have or expect to experience unpaid absences from work.

My absences from work will be/were due to:

☐ Declared disaster
☐ My own medical emergency
☐ Taking care of a family member who has experienced a medical emergency
☐ Other medical related needs are as follows:_____
_____
_____

The date(s) of my unpaid absence will be/were: _____

I understand the terms of the Adjoin Leave Sharing Program. I also understand the Leave Sharing administrator or designated adjudicator will evaluate my request and decide in its sole discretion as to whether the request complies with the program's requirements. The decision of the Leave Sharing administrator or designated adjudicator is final.

NAME: _____
(Please Print)

_____
(Signature)

PLEASE ATTACH THIS FORM TO YOUR ONLINE REQUEST AT
https://www.ptoexchange.com