

**Arc Northland**  
**PTO Request Form for PCA Employees**

Name of PCA \_\_\_\_\_

Number of PTO hours \_\_\_\_\_

Date/s \_\_\_\_\_

*By signing this form, I am consenting for my PCA employee to use Paid Time Off on the above listed date/s.*

Signature of Consumer/Responsible Party \_\_\_\_\_

Date \_\_\_\_\_

Signature of PCA \_\_\_\_\_