



Employee Name	Participant/Employer Name	Representative Name (if applicable)

**Background**

The state of Minnesota’s agreement with the Service Employees International Union Healthcare Minnesota (SEIU) allows a participant’s employee to waive their Paid Time Off (PTO) benefit after working at least 6 months or 600 hours, whichever comes first, in covered programs.

Employees choosing to waive their PTO benefit will not be eligible for paid time off, will lose their PTO accrued balance, and funds will be re-directed to the participant’s budget.

The decision to waive benefits cannot be changed until the start of the participant’s service plan year.

**Employee Waiver of PTO Benefits**

I understand my options to receive or waive the PTO benefit that I have accrued, and voluntarily choose to waive my benefit. I understand this means I will not be eligible to receive paid time off from work. I further understand I will lose my accrued PTO hours, and that associated funds will be redirected to the budget of the participant that I serve.

I understand the only time that I may revoke this waiver, and again participate in receiving PTO benefits, is at the start of the participant’s new service plan year. If I wish to do so at that time, I will contact my Employer and Consumer Direct Care Network.

\_\_\_\_\_  
*Employee Signature*                      *Date*

**Employer Acknowledgement**

I understand that my above-listed employee’s PTO balance will be re-directed to my Consumer Directed Community Support (CDCS) or Consumer Support Grant (CSG) program budget. I understand the employee may change their mind and again receive the PTO benefit, but only at start of my new service plan. My current service plan ending date is: \_\_\_\_\_.

\_\_\_\_\_  
*Participant/Employer Signature*                      *Date*

Please submit via email or fax.

**Email:** infocdmn@consumerdirectcare.com                      **Fax:** 1-866-660-2642

