



## GMCS Paid Time Off (PTO) Policy

### Purpose

GMCS/GMF is pleased to offer its part-time employees a Paid Time Off policy (PTO), accruing at 1 hour per every 30 hours worked for eligible employees. An employee may use this leave for unpaid holidays, illness or time away from work for personal or family matters. Absences should be scheduled in advance with supervisory approval and should replace a normally scheduled shift. Unscheduled absences are strongly discouraged, except in emergency situations.

### Eligibility

All employees are eligible for PTO that they accrue (1 hour for every 30 hours worked).

Accrued hours have a cap of 56 annually. Employees may not take more than 40 hours of PTO per week, including hours worked. **PTO is not paid out upon separation.**

### Procedure

All requests for time off must be submitted using the Time off Request Form (attached here) and available upon request from HR ([humanresources@gmcsusa.com](mailto:humanresources@gmcsusa.com)). Requests must be submitted as far in advance as possible, **but at minimum they must be submitted 1 week prior to the date requested.** Emergency requests will be addressed on a case-by-case basis but must be submitted within 48 hours of the missed shift.

We expect and encourage that routine and recurring appointments be scheduled outside of normal work hours. **All requests for PTO must be for days that fall within normally scheduled or similar shifts.**

The Time off Request form must be submitted to your manager or scheduling to be reviewed, and once approved it will be sent to HR for final approval. Forms may be emailed, faxed, mailed, or submitted in person. Calls and texts are not acceptable.

*\*Please note that any hours worked under the Burlington Livable Wage Ordinance will accrue at a rate of 1 per 20\**

## **PTO/Time Off Request Form**



Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date Requested	PTO (Yes/No)	Hours Requested

***\*Please include only one date and the associated hours requested per line!\****

\_\_\_\_\_  
Date: \_\_\_\_\_  
Employee Signature

Approved:  
\_\_\_\_\_  
Date: \_\_\_\_\_  
Scheduling/Manager

\_\_\_\_\_  
Date: \_\_\_\_\_  
HR

Payroll Received Date/Initial: \_\_\_\_\_