

OLATHE HEALTH NEGATIVE PTO BALANCE ACKNOWLEDGMENT
DURING COVID-19 PANDEMIC

COMPLETE AND RETURN THIS REQUEST TO HUMAN RESOURCES:
20805 W. 151st Street, Doctor's Building Two, Suite 324. Olathe, KS 66061, FAX: 913-324-8555

Associate Name: _____ Associate ID: _____

Department: _____ Position: _____

I expect to have exhausted all of my accrued paid time off (Sick & PTO¹) on approximately ____/____/____ and would like to request an advance against future PTO accruals and allow my PTO bank to go negative up to eighty (80) hours.

I understand that only absence related to the COVID-19 pandemic (absence or quarantine deemed necessary by Olathe Health Employee Health Services and/or low census²), will be allowed to be charged towards the negative PTO allotment. Once the balance reaches the negative 80 hours limit, all additional time will go unpaid. I understand that as I accrue PTO hours going forward, those hours will be credited towards the negative PTO balance until such time as I reach a zero balance. I understand and agree that should I terminate my employment with Olathe Health within six (6) months of receipt of I am required to "pay back" the advance PTO hours to include, as determined by Olathe Health, deduction from my final pay check. Signing this request form does not create an employment contract; I understand there is no promise that I will be employed for any period of time.

Associate Signature (please print)

Date

Associate Name (please print)

¹ After exhausting accrued paid time off, Sick and PTO may be used for Employee Health Services designated absence and quarantine. Sick will be used until exhausted, then PTO. Only PTO may be used for low census. Sick does not have to be exhausted when absence is due to low census.

² If you are not contacted by the labor pool for deployment assignment and/or if your Chief has determined that there is no work currently available within your home department.