



Hospital Sisters
HEALTH SYSTEM

Request for Use of Paid Time Off (PTO) with Short-Term Disability

I wish to request the use of my Paid Time Off (PTO) to supplement Short-Term Disability benefits for the dates _____ through _____.

I understand that this request is dependent upon approval of my Short-Term Disability benefits by Unum and is limited to the number of PTO hours I have available.

I further understand that the combination of PTO and Short-Term Disability benefits cannot exceed 100% of my regular pay.

Signature

Date

Printed Name

Colleague ID#

Please return this form to:

HSBS Colleague Service Center
Fax: 217-492-5896
Email: Leave@hshs.org

Or by mail:
PO Box 19456
Springfield, IL 62794-9456