



Creating Opportunities. Enriching Lives.

PTO CASH OUT FORM

Please pay me for _____ hours of PTO per the PTO cash-out policy in the employee handbook, page 38.

Employee Name: _____ Signature: _____

Employee #: _____ Home Department #: _____ Date: _____

***Grant or Department number to charge the hours to, if not EE's Home Department: _____

Call me to pick up at Corporate Office: _____ Mail to my home: _____

Supervisor signature of notification (required): _____ Date: _____

For 2 or more cash-out requests in one Fiscal year: Sr. Director Signature: _____

Date: _____

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HUMAN RESOURCE USE:

Date of last PTO cash-out: _____ *

PTO beginning balance: _____

PTO amount requested: _____ (40 hours maximum)

PTO balance after cash-out: _____ (100 hours minimum)

*Note: The PTO cash-out policy was updated in June 2004, March, 2016, and August 2017. PTO cash-outs can now be processed once during a Fiscal year (August 1st – July 31st) and no longer have to occur in the original month of hire. Notification to the supervisor for budget purposes is required.

P/R Initial

Date