PAY FOR UNUSED PTO / HOLIDAY TIME

PTO ☐ HOLIDAY ☐
(check one)

Time Remaining (amount requesting to be paid for):
PTO _____ (ONLY AT ANNIVERSARY)
Holiday _____ (AT THE TIME OF EACH HOLIDAY OR AFTER HOLIDAY)

_____
Print Name

_____
Employee Signature:

_____
Date

<u>Forward to payroll for processing</u>

Revised 5/24