



PTO CASH OUT REQUEST FORM

Employee to Complete:

Employee Name (Please Print)	Title (Please Print)
Campus (Please Print)	Department (Please Print)
Employee Signature	Today's Date
Have you had a PTO Cash Out this quarter? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Please check one)</small>	
PTO Payout requested for pay period: _____ Number of Hours Requested: _____	

Business Office to Complete:		
Employed for 6 months or more? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, not eligible for PTO Cash Out) <small>(Please check one)</small>		
Number of Available/Earned Hours _____	Date Verified _____	
Date Payout Requested _____	Date of Payout _____	
Approvals:		
Cash Out Approved <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Please check one)</small>		
I have reviewed the supporting documentation and authorize PTO Cash Out.		
Manager/ Supervisor Signature	Date	
Executive Director/Vice President Signature	Date	
Dept. Code	Amount	Payroll Signature

Please note that payouts are paid on the 3rd paycheck of every month.