



Once you have submitted your request you may not rescind it.

supervisor during last paycheck in J	g the (anuar	f accrued Paid Time of Cotober Benefits Open yof the following yellow to 160 hours (pro	en Enrollmen ar. The taxes	t perio	od. The e based	PTO Payment w I on the total am	ill be includ	led in the	employee's
Last Name:	First Name:				Middle Name:				
UMID:	Job Title:			DEPARTMENT:					
		ell back (in whole hours, orated for part-time empl		5)					
As Of (Date):		Current PTO HRS:		SELL-BACK PTO HRS:		HRS:	REMAINING PTO HRS:		
EMPLOYEE SIGNATURE:						DATE SUBMITTED:			
SUPERVISOR APPROVAL/SIGNATURE:						DATE SUBMITTED:			
FOR OFFICE USE	ONL	Y:							