

## PTO Cash-In Request

Please fill out form completely. Employee's signature and date signed, plus Manager's signature and date signed are required for this request to be processed.

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Today's Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Number of Hours Requesting: \_\_\_\_\_

Cash-In Requirements: (all requirements must be met)

- Employee must have completed four years of service
- Employee must have already taken **40** hours of PTO for the current calendar year
- The balance in the employee's PTO bank must be **120** or more hours.
- Cash-Ins are allowed 2 times per year (**40** hours at a time)
- Employee needs to turn this form in at least 2 weeks prior to the pay date they wish to receive the cash-in.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Manager Signature\* \_\_\_\_\_ Date \_\_\_\_\_

(I approve this request and have verified that the above employee has met the requirements stated above)

\*Physicians please give form directly to HR.

H.R. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CEO Approval (Cash -Ins): \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*DO NOT WRITE IN THIS SPACE \*\*\* PAYROLL USE ONLY \*\*\***

Number of PTO Hours to Cash In: \_\_\_\_\_ Total gross to be paid: \_\_\_\_\_

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