

# PTO Cash In Request

A7932 09/99

Employer Name		COID	Date
Employee Name	Social Security No.	Department	
Current PTO Balance	Cash In _____ Hours of PTO	Requested Payment Date	

\*Request for PTO Cash In is subject to your facility's PTO Cash In Policies & Procedures.

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

Date \_\_\_\_\_

### For HR/Payroll Use Only

Date entered \_\_\_\_\_ Human Resources / Payroll Initials \_\_\_\_\_