



Penn  
Highlands  
Healthcare

**Your BENEFITS**

## ***PTO BUY BACK PROGRAM – REQUEST FORM***

*Return this form to the Benefits Department no later than Thursday in the week prior to payroll.*

*These payments are made the same date as payroll. If you have any questions regarding payment method, please contact payroll.*

NAME: \_\_\_\_\_

INFOR EMPLOYEE NUMBER: \_\_\_\_\_

DEPARTMENT NUMBER: \_\_\_\_\_

*In accordance with the Penn Highlands Paid Time Off (PTO) Buy Back Policy, you must complete this PTO Buy Back Request Form to obtain approval of your actual payout.*

I, \_\_\_\_\_, hereby request \_\_\_\_\_ hours of PTO.  
Print Name Minimum of 10; Maximum of 80

Please initial each of the following:

\_\_\_\_\_ I have at least 12 full months of continuous service.

\_\_\_\_\_ I am leaving the minimum of 80 hours of PTO in my PTO bank.

\_\_\_\_\_ I acknowledge that I cannot receive more than two PTO buy back payments in a calendar year and that they are not to total more than 80 hours each calendar year.

\_\_\_\_\_ I am not requesting less than 10 hours, which is the minimum.

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

### **For Payroll Use Only:**

The above request has been reviewed and is eligible for payout:

\_\_\_\_\_  
Date Form Received

\_\_\_\_\_  
Reviewed By

\_\_\_\_\_  
Payroll Issue Date