



## PAID TIME OFF (PTO) BUY-OUT FORM

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

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

Buy-Out Hours Requested: \_\_\_\_\_  
\*\*\*Maximum 80 hours – Minimum 16 Hours \*\*\*

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

### AREA DIRECTOR'S ACKNOWLEDGEMENT

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Area Director's Signature: \_\_\_\_\_

### BUSINESS OFFICE VERIFICATION

PTO Hours Available: \_\_\_\_\_

Business Office Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Buy-Out Rate 70%. Payment will be issued on the payroll following the request.**