

CASH-IN PTO REQUEST

Employee Name: _____

Position/Title: _____ Department: _____

Employee Number: _____ Cost Center: _____ Location: _____

Current PTO Balance: _____ Number of Hours to Cash-In: _____

- OR -

Contribute directly to my existing 457(b) Plan: _____

EFFECTIVE 10-08-00 FOR MANAGEMENT LEVEL 4 AND HIGHER:

New Cash-In/Term Balance: _____ **Number of Hours to Cash-In:** _____

- OR -

Contribute directly to my existing 457(b) Plan: _____

Old Cash-in/Term Balance: _____ **Number of Hours to Cash-In:** _____

- OR -

Contribute directly to my existing 457(b) Plan: _____

Employee Signature: _____ Date: _____

Dept. Head Approval: _____ Date: _____

Your request must be in the Payroll Office by noon the Friday prior to the requested pay date. This request will be processed as a separate check with the next regular payroll, it will not be direct deposited. The only deductions taken will be applicable federal income and social security taxes. In accordance with the Pay and Benefits Policy, any hours above 80 may be cashed in twice in a calendar year.

For Federal Withholding Tax, I wish this payment to be taxed:

Please check one: at regular rate, according to my W-4 on file

at flat 25%, IRS supplemental tax rate

(If no choice is made, Payroll will tax at regular rate, according to W-4 on file)