

**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 our Pay and Benefits Policy, ANY HOURS ABOVE 80 may be cashed in TWICE IN A CALENDAR YEAR. For those in the management PTO program, this equates to any hours above 40. *Any exception to either of these 2 rules must be submitted on Form 5845 "Emergency Cash-In PTO Request".***

*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)

**Please send this original, completed form through the inter-office mail to the Payroll Office, 224 Santa Barbara Blvd, Cape Coral, FL or fax directly to Payroll at 242-6235.  
IMPORTANT: If you fax, do not sent us the original form. There is too great a chance of duplication.**