

PTO SELLBACK REQUEST FORM

Employee Information

Employee Name: _____ Department: _____

PTO Sellback Request

I elect to sell back _____ hours of PTO to the Alliance during the following window:

February 1st June 1st October 1st

Form of Payout

Choose one:

- I elect to receive the PTO as a cash payout through Payroll.
 I elect to defer the PTO into my 457 Deferred Compensation Plan account.

If electing more than one form of payment for this sellback period, please submit two forms.

Statement of Understanding

I understand and recognize that:

1. I must retain a minimum of 60 PTO hours when selling PTO back to the company.
2. I am not allowed to utilize unearned PTO. Specifically, I will not request PTO hours above and beyond my current PTO balance in case of an emergency or illness.
3. If cash payment is elected, the payment for PTO will be received in the next normally scheduled company payroll. A manual check will not be processed. If you have direct deposit, the PTO payment will be allocated to the specified account.
4. If deferral to the 457 Deferred Compensation Plan is elected, the deferral will take place with the next normally scheduled company payroll. You will receive a separate pay statement reflecting the amount deferred.
5. I am able to sell PTO to the Alliance only twice per year during one of the following windows: February 1st, June 1st, or October 1st.
6. Completed request forms must be received in Payroll by 5:00pm on the date of the sellback window selected above.

Employee Signature

Date

Submit to Payroll

Date Received

Current PTO Balance

Date Entered into Payroll

Payroll Signature

Date