



PTO Payout Request Form

Employee Name

Personnel Number

Work Extension

Supervisor Name

Department

Work Location

I hereby request a payout of _____ hours of PTO. I understand that full-time employees must keep a balance of 80 hours in their PTO bank and part-time employees must keep 40 hours in their PTO bank. I also understand that this is voluntary, PTO will be paid at 50% and lawful deductions will be taken from this payment.

Signature: _____ Date: _____

Return completed form to: HR Service Center
Phipps 455
or e-mail to aberrym1@jhmi.edu

DO NOT FAX

*****Incomplete or faxed copies will not be processed*****