Lourdes Lifestyle | Benefits

ATTACHMENT C

LOURDES HEALTH NETWORK
PTO OR VACATION ELECTIVE CASH-OUT WITH REDUCTION REQUEST FORM

TO: Human Resources Benefits Office

FROM: _____
(Associate's Name – Please Print)

My total number of accrued PTO hours (reference estub) is _____
(State exact amount)
My total number of accrued Vacation hours (reference estub) is _____
(State exact amount)

I, hereby, request a cash payout of _____ hours. Effective payday_____.

A cash-out cannot take an associate's accrued PTO or Vacation hours below 40-hours. This benefit will be paid at the associate's straight rate of pay x 90%.

I have read and understand that I must comply with the provisions of Policy 5200.14 #10 for Associates, or #15.g for Physicians.

_____

Associate's Signature **Department** **Date**

Original – Human Resources, Fax# 509-546-2296
CC-Payroll