

SUPPLEMENTAL CHECK REQUEST

FOR PTO BUYBACKS, THIS FORM MUST BE SUBMITTED BY 5:00 PM ON THE 15TH OF APRIL AND BY 5:00 PM ON THE 15TH OF SEPTEMBER. PAYMENTS OF THESE BUY BACKS WILL BE PROCESSED AND RECEIVED THE SECOND PAY PERIODS IN MAY AND OCTOBER. YOUR MANAGER MUST SIGN THIS FORM.

Employee Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Dept \_\_\_\_\_

Hour Type \*PTO Buy Back P/R Keying Code 11 Number Hours \_\_\_\_\_

\*\*\* --Managers complete -- AVAILABLE PTO HOURS BEFORE BUYBACK: \_\_\_\_\_ \*

\*Employees must leave at least 80 hours in PTO bank

Hour Type PTO P/R Keying Code 10 Number Hours \_\_\_\_\_

Hour Type Bonus/TOG P/R Keying Code 82 Number Hours \_\_\_\_\_ \$ Amt. \_\_\_\_\_

Hour Type Retro P/R Keying Code 84 Number Hours \_\_\_\_\_ \$ Amt. \_\_\_\_\_

Hour Type \_\_\_\_\_ P/R Keying Code \_\_\_\_\_ Number Hours \_\_\_\_\_ \$ Amt. \_\_\_\_\_

Employee Signature

Manager Approval

VP Human Resources

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Accounting Use Only

Employee No. \_\_\_\_\_ Tax Info: Federal S M # Exemp \_\_\_\_\_

Hourly Rate \_\_\_\_\_ State S M # Exemp \_\_\_\_\_

EARNINGS

DEDUCTIONS

Hour Type PTOBu-11 # Hrs \_\_\_\_\_ \$ \_\_\_\_\_.

Other Deductions:

Hour Type PTO-10 # Hrs \_\_\_\_\_ \$ \_\_\_\_\_.

PTXDTL-16 \_\_\_\_\_.

Hour Type Bonus-82 # Hrs \_\_\_\_\_ \$ \_\_\_\_\_.

PTXHCP-17 \_\_\_\_\_.

Hour Type Retro-84 # Hrs \_\_\_\_\_ \$ \_\_\_\_\_.

PTXCOL-18 \_\_\_\_\_.

Hour Type \_\_\_\_\_ # Hrs \_\_\_\_\_ \$ \_\_\_\_\_.

Hour Type \_\_\_\_\_ # Hrs \_\_\_\_\_ \$ \_\_\_\_\_.

Hour Type \_\_\_\_\_ # Hrs \_\_\_\_\_ \$ \_\_\_\_\_.

Gross Earnings: \_\_\_\_\_.

Total Deductions \_\_\_\_\_.

FIT \_\_\_\_\_ SIT \_\_\_\_\_ OASDI \_\_\_\_\_ NET \_\_\_\_\_ MCARE \_\_\_\_\_

Payroll Coordinator

Controller

Date