



## PAID TIME-OFF (PTO) SPENDING ACCOUNT REIMBURSEMENT CLAIM FORM

**NOTE: PTO is paid in the dollar amount requested, not by the number of hours requested.  
(PLEASE PRINT CLEARLY)**

Part 1					
Last Name: _____			First Name: _____		
Social Security No.: _____ - _____ - _____			Employee #: _____		
Part 2					
Column - 1 Date Requested  (Minimum of 1.0 hour)	Column - 2 Pay Period Ending	Column - 3 Original Goal Amount Purchased During Enrollment	Column - 4 Year-to-Date PTO Amount Paid  (Verified from last pay stub)	Column - 5 AMOUNT of this REQUEST (Current Hourly Rate multiplied by the number of hours requested)	Column - 6 REMAINING BALANCE • Column 3 Minus (-) • Column 4 Minus (-) • Column 5
Ex.1 - 01/25/08	01/27/08	\$300.00	\$ 0.00	\$100.00	\$200.00
Ex.2 - 07/03/08	07/13/08	\$300.00	\$100.00	\$ 50.00	\$150.00
Ex.3 - 11/28/08	11/30/08	\$300.00	\$150.00	\$150.00	\$ 0.00

- If your *current* hourly rate is *higher* than your hourly rate at the time of enrollment into the plan, you will be paid at the higher rate (your current hourly rate).
- If your PTO balance is ***less than*** the amount requested; Payroll will only process the PTO dollar amount balance remaining in your account. It is each employee's responsibility to track their remaining balance via their requested amount against their most recent payroll stub.

**Employee Certification: I request reimbursement for Paid Time-Off as itemized above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions for Submitting your Claim:**

1. Complete Part 1 and 2 of this claim form in full.
2. For each date you are claiming in Part 2, attach a copy of claim form to your timesheet (if applicable).
3. Unitime – An Attendance Record in Unitime must be entered (ANT or ADT) for manger approval.
4. The claim form *must* be signed and dated.
5. Submit the completed claim form and timesheet (if applicable) to your manager/supervisor.

**Note to Managers:** Forward this form (completed in full) to the Payroll Administrator with your weekly payroll.

<b>Payroll Use Only</b>	
Verified eligibility	Verify hourly rate @ purchase
Verified Part 2 calculation	Terminating employee – Check Balance
Your initials: _____	Date: _____