



EMPLOYEE PTO ROLLOVER REQUEST

In accordance with HR Policy 10.4.7 Service Year Carryover of Paid Time Off, I would like to request a carryover of _____ PTO hours in excess of my allowable rollover hours.

I will be unable to use my excess PTO by my service anniversary date of _____ due to:
(*full-time hire date*)

Workload

Staffing Issues

Coverage Issues

Other _____

Employee Name (Print)

Employee Signature

Department

Date

APPROVAL:	
DEPARTMENT HEAD:	DATE:
HR DIRECTOR:	DATE:
Rollover PTO must be used by _____ . <i>date</i>	