

**PAYROLL SERVICE CENTER  
PAYROLL REQUEST FOR PTO CASH IN FORM**

Please PRINT all information in black or blue ink.

**SECTION I – Employee information, required for all requests**

<b>HR Company #</b> 5501	<b>Process Level #</b> 09391	<b>Facility Name</b> StoneCrest Medical Center	<b>Facility Location (city, state)</b> Smyrna, TN	
<b>Employee #</b>	<b>Employee First Name</b>	<b>Employee Last Name</b>	<b>Submitted by</b>	
			<b>Date</b>	<b>Phone#</b>

**SECTION II – PTO Cash In Request** \* *PLEASE NOTE: Request for PTO Cash In is subject to your facility's PTO Cash In Policies & Procedures. PTO Cash In wages are subject to 25% federal tax withholding, 401K, and employee stock deductions, in addition to Social Security, Medicare and applicable state tax withholding.*

<b>Current PTO Balance</b>	<b>Amount of Hours to be Cashed In</b>
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**SECTION III – Authorization – Both Employee and Manager signatures are required, plus any additional required signatures per facility policy**

<b>Employee Printed Name</b>	<b>Employee Signature</b>	<b>Date</b>
<b>Manager Printed Name</b>	<b>Manager Signature</b>	<b>Date</b>