



## Request for PTO

EMPLOYEE NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ EMPLOYEE #: \_\_\_\_\_

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I authorize Uintah Basin Medical Center to deduct PTO from my bank for the following reason:

( ) Medical Bills: Deduct \_\_\_\_\_ hours of PTO to pay \_\_\_\_\_.  
Dept. /Account #

( ) Uintah Basin Health Care Foundation: Deduct \_\_\_\_\_ hours of PTO for a donation to the foundation.

( ) Employee Donation: Deduct \_\_\_\_\_ hours of PTO and give the cash value to

\_\_\_\_\_.  
Employees Name

Please Note: In order for employees to be eligible to pay bills or make donations they must use at least 40 hours of PTO annually and maintain a minimum of 24 hours in their PTO bank

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