

MOHAVE COUNTY SUPERIOR COURT

PTO Buy Back Request Form

In accordance with the Mohave County Superior Court PTO Buy Back guidelines, you must complete this Request form and obtain approval of your Department Director for the actual payout.

Acknowledgement by Employee (please initial by each statement):

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	s program are subject to the Court's financial Board of Supervisors during the budget process.
I understand the PTO Buy Back is only pe	ermitted once each fiscal year.
I understand that my request should be so	ubmitted prior to the deadline listed below.
I understand that I will receive my PTO tin	ne in compliance with current Court processes.
I understand that my PTO Buy Back is co I.R.S guidelines requiring tax withholdin	nsidered supplemental wages and is subject to g in addition to all other applicable taxes.
I meet the eligibility for this program as ou	itlined below.
My PTO Buy Back Request complies with Court's Buy Back Program.	provisions of Mohave County Superior
	st PTO hours be paid out (up to 40 hours, payable y accrued PTO balance exceeds 2/3 of allowable rollover
	et forth in the PTO Buy Back Program. I further understand schedule provided below and that earlier payouts are not
Note: You will receive your PTO Buy Back amo set up. If you do not have an account set up you	ount via direct deposit unless you do not have an account will receive a paper check.
Employee Signature:	Date:
Employee Name (Print):	
Employee ID#	Department:
 Retains a minimum of 80 hours of PTO after I In the calendar year in which the PTO Buy Ba scheduled to use by December 31st, PTO in a 	ack is requested, the employee has used, or is an amount equal to or greater than the amount of PTO Buy at may an employee receive more than sixty (60) hours of e employee's most recent employee evaluation time the PTO Buy Back request is submitted.
Department Director Approval:	Date:
Financial Services Approval:	