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):

	ing this program are subject to the Court's financia y the Board of Supervisors during the budget proc	
I understand the PTO Buy Back is o	only permitted once each fiscal year.	
I understand that my request should	d be submitted prior to the deadline listed below.	
I understand that I will receive my PTO time in compliance with current Court processes.		
	c is considered supplemental wages and is subject holding in addition to all other applicable taxes.	t to
I meet the eligibility for this program	as outlined below.	
My PTO Buy Back Request is in cor Court's Buy Back Program.	mpliance with provisions of Mohave County Super	rior
PTO hours be paid out. I meet the criter	request (up to 40 hours, payable in increme ria outlined in this form and as set forth in the F yout will be made according to the schedule provide	PTO Buy Back
Note: You will receive your PTO Buy Bac set up. If you do not have an account set u	k amount via direct deposit unless you do not ha up you will receive a paper check.	ve an accoun
Employee Signature:	Date:	
Employee Name (Print):		
Employee ID#	Department:	
Employee is eligible for the PTO Buy Back	r Program provided the employee meets all the fol	lowing criteria
scheduled to use by December 31st, P Buy Back the employee is requesting. I PTO Buy Back in a single year. 3. Receives a "Meets" or "Exceeds" rating	Buy Back is requested, the employee has used, or TO in an amount equal to or greater than the amount no event may an employee use more than forty on the employee's most recent employee evaluat at the time the PTO Buy Back request is submitted.	ount of PTC y (40) hours o
Department Director Approval:	Date:	
Financial Services Approval:		