



JOHNS HOPKINS
M E D I C I N E

JOHNS HOPKINS HEALTH SYSTEM CORPORATION
THE JOHNS HOPKINS HOSPITAL

PTO PAYOUT REQUEST FORM

EMPLOYEE NAME

PERSONNEL #

WORK EXT.

SUPERVISOR

DEPARTMENT

LOCATON

I hereby request PTO payout for _____ hours of PTO. I understand that full-time employees must keep a balance of 80 hours in their PTO Bank and part-time employees must keep 40 hours in their Bank. I also understand that this is voluntary and will be paid out at 50% and lawful deductions will be taken from this payment.

SIGNATURE

DATE

Please return form to the HR Service Center, Phipps 455 or e-mail to aberrym1@jhmi.edu