

PUSHMATAHA HOSPITAL

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PTO BUY OUT REQUEST

- All hours paid on this request are subject to the 80 hour per 12 month maximum buyout hours as outlined in the most current Paid Time Off policy.
- You may not request a buyout if your PTO balance is less than 40 hours.

Employee Name	Employee ID Number	Today's Date
Requested PTO Hours:	hrs	
Note: All payments and exchanges will be	made the next payroll ch	eck
DONATION REQUEST		
requested and the whole dollar	if your PTO balance is les hole dollars et amounts donated. An rs donated will be adjust deduction on your next p	y difference remaining from hours
Employee Name	Employee ID Number	Today's Date
☐ Donation	.00	
Employee Signature:	Date:	
Supervisor Approval:	Date:	