



Request to use Paid Time Off (PTO) with Short Term Disability

Colleague Name _____

Colleague ID #

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I wish to request PTO to make up the difference in pay for the period of _____ through _____ while I am receiving or did receive Short Term Disability benefits.

Note: This request is dependent upon approval of the Short Term Disability benefit by Unum and is limited to the accrued hours in your PTO bank.

I understand that the combination of PTO and Short Term Disability payments cannot exceed 100% of my regular pay.

Signature

Date

This form must be returned to the People Services/Payroll department.