



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

Colleague Name \_\_\_\_\_

Colleague ID # 

--	--	--	--	--	--	--

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.***