

ARROWHEAD ECONOMIC OPPORTUNITY AGENCY

PTO Payout and Termination PTO Timesheet

EMPLOYEE NAME:	
EMPLOYEE NUMBER:	PAYROLL ENDING:

	Payroll Code	Hours	Fund	Org	Dep	Prog	Location	ID#	Default	GL
Term PTO Payout									0000	5170
PTO Payout Request									0000	5170
									0000	5170

This time sheet is accurate and complete. I understand that false information on this timesheet is reason for dismissal.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

Executive Director _____ **DATE:** _____

* Executive Director Signature only needed on PTO Payout Request.