

PUYALLUP TRIBE OF INDIANS



VACATION LEAVE BUY-OUT REQUEST

| I, | | , being an employee of the Puyallup Tribe, hereby | | |
|--|------------------------|--|---------------------------------|--|
| request | hours of my accrued ar | hours of my accrued annual leave be paid per the Puyallup Tribe's Vacation | | |
| Leave B | uy-Out Policy. | | | |
| Method to receive payment: Rapid! Paycard □ Add to first available payday □ | | | | |
| Employee | Affidavit: | | | |
| ☐ I am not currently on Family Medical Leave or Paid Administrative Leave. | | | | |
| Note: If you are participating in the 401(k) plan, we will deduct your normal 401(k) contribution percentage from this buy-out request unless you check the box below instructing us that you do not want your normal 401(k) contribution to pertain to this buy-out request. □ Do not contribute to my 401(k) from this buy-out request. | | | | |
| REQUE | STED BY: Employee | | Date | |
| | For P | ayroll Department u | se only | |
| Annual lea | ave hours available: | | Pay period end date: | |
| Verified by: | | | | |
| | (Payroll Dept.) | (Date) | 401(k) Plan Participant: Yes No | |
| | | | | |
| For HR Department use only | | | | |
| ELIGIBILITY VERIFIED BY HR: The employee meets the eligibility requirements of Policy 530.02 (5) as outlined in the Tribe's Personnel Policies & Procedures Manual (employee is not on FML or PAL). | | | | |
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