

COMPANY NAME

PAYROLL AUTHORIZATION

Accrued Time Off Payout

EMPLOYEE INFORMATION

EMPLOYEE NAME

EMPLOYEE ID

DEPARTMENT

JOB TITLE

REASON FOR PAYOUT

- Voluntary Separation
- Involuntary Separation
- Annual Policy Buyback / Carry-Over Limit
- Other (Specify Below)

ACCRUAL CALCULATION DETAILS

Time Off Category	Accrued Balance (Hours)	Hourly Pay Rate (\$)	Total Payout (\$)
Vacation			
Paid Time Off (PTO)			
Sick Leave (if applicable by policy)			
Total Payout			

EFFECTIVE PAY PERIOD DATES

SCHEDULED PAYMENT DATE

AUTHORIZATION & SIGNATURES

By signing below, the parties agree that the accrued hours indicated above have been verified against official time-tracking records and are approved for payout in accordance with company policy and applicable labor laws.

EMPLOYEE SIGNATURE (IF APPLICABLE)

DATE

SUPERVISOR / DEPARTMENT MANAGER SIGNATURE

DATE

HUMAN RESOURCES / PAYROLL ADMINISTRATOR SIGNATURE

DATE

For Human Resources & Payroll Use Only - Retain in Employee Personnel File