

EXTRA TIME OFF (XTO) - PLEDGE FORM Fiscal Year 2016/17

NAME: _____ DEPARTMENT: _____

JOB TITLE: _____ EMPLOYEE NUMBER: _____

- JOB STATUS:
- Regular or Probationary, Full-time
 - Regular or Probationary, Part-time
 - Limited Term
 - Other: _____

TOTAL NUMBER OF HOURS OF XTO REQUESTED FOR 2016/17: _____

DATES PROPOSED TO USE XTO: _____

Note to Employees about Payroll Deductions:

Human Resources will calculate a bi-weekly deduction that equals the amount of XTO hours pledged. Pledges received by July 6, 2016 will be deducted in 26 bi-weekly pay periods and begin with the July 15, 2016 paycheck. Pledges received later in the fiscal year will be deducted from the number of remaining pay periods.

I agree to purchase and take off the stated number of XTO hours on the dates listed in this pledge. I also understand that this pledge may only be revoked by mutual agreement between me and my Department Head.

EMPLOYEE SIGNATURE: _____

Signature Date

DEPARTMENT HEAD APPROVAL: _____

Signature Date

PLEASE RETURN THIS COMPLETED PLEDGE FORM TO HUMAN RESOURCES, COURIER #60.

<p>For HR and Payroll Use Only: Received on: _____</p>	<p>Effective Date (1st of pay period): _____</p> <p>Original XTO Hours Pledged: _____</p> <p>New Total XTO Pledged: _____</p> <p>XTE Deducted to Date: _____</p> <p>XTE Remaining to Deduct: _____</p> <p># of Pay Periods Remaining: _____</p> <p>New XTE Hours per Pay Period: _____</p>
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