



## PTO Buy Plan Form

Calendar Year: 2024

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Manager: \_\_\_\_\_

I hereby request Pernod Ricard USA to deduct \_\_\_\_\_ days (minimum 1, maximum 5 days) from my pay. The deduction is based on the following option I have chosen:

- Deducted over 24 pay periods from January 1st – December 31<sup>st</sup> (**Semi-monthly**)
- Deducted over 26 pay periods from January 1st – December 31<sup>st</sup> (**Bi-weekly**)

These days will be available to me in the form of additional PTO time. By participating in this program, I understand that use of these days and any other provisions are to be used in accordance with the Company's Time Off policies, including but not limited to PTO carryover, scheduling and terminating employees.

Acknowledged and agreed to:

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Manager Approval*

\_\_\_\_\_  
*Date*

Please return all completed and approved forms to [NA.HumanResources@Pernod-Ricard.com](mailto:NA.HumanResources@Pernod-Ricard.com)

**Completed forms must be received by November 15th**