

## **PTO Buy Plan Form**

Calendar Year: 2021	
Name:	
Department:	
Manager:	-
I hereby request Pernod Ricard USA to deduction is based on the follow	ct days (minimum 1, maximum 5 days) froming option I have chosen:
☐ Deducted over 24 pay periods from January ☐ Deducted over 26 pay periods from January	
·	of additional PTO time. By participating in this program, other provisions are to be used in accordance with the
	ot limited to PTO carryover, scheduling and terminating
Acknowledged and agreed to:	
Employee Signature	 Date
Manager Approval	 Date

Please return all completed and approved forms to <a href="MA.HumanResources@Pernod-Ricard.com">NA.HumanResources@Pernod-Ricard.com</a>