

Walker River Paiute Tribe

1022 Hospital Road • P.O. Box 220 • Schurz, Nevada 89427

Telephone: (775) 773-2306 Fax: (775) 773-2585

Annual Hours Buy-Out Form

I,	hereby request to buy-out #	of Accrued
Annual Hours.		
By signing below, I acknowledge, understand and meet the eligible requirements:		
• I have a minimum of 20 hours of annual hours as of date.		
• I can only request one (1) time per quarter.		
 I cannot buy-out annual hours that exceed the amount of accrued annual 		
hours on my payroll.		
 This will not be paid out during payroll week. 		
• This will be paid within 10 business days.		
I am requesting for:		
☐ Direct Deposit ☐ Paper Check		
Employee	Signature Da	te
OFFICIAL ACTION BY AUTHORIZED SIGNATORS		
□ APPROVED □ DENIED	Program Director	Date
□ APPROVED □ DENIED	Tribal Chairman	Date