

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TENNESSEE
WESTERN DIVISION

In re:
MERIDIAN CORPORATION,
a/k/a MEDSHARES, INC.,
Debtors.

Case Nos. 03- 30275-L through 99-29025-L
Chapter 11

and
In re:
SYMPHONY HOME CARE SERVICES
NO. 18 - LOUISIANA, INC.,
Debtors.

Case Nos. 99-30101-L through 99-30125-L
Chapter 11
JOINTLY ADMINISTERED

**ADMINISTRATIVE EXPENSE CLAIM FORM FOR EMPLOYEES OF DEBTORS FOR PAID
TIME OFF (PTO) WHICH HAS ACCRUED POSTPETITION AND FOR WHICH NO CLAIM
HAS PREVIOUSLY BEEN FILED**

Employee's Name: _____

Employee's Mailing Address: _____

Employee's Social Security Number: _____ Employee's Date of Birth: _____

Name of Local Agency where the Employee Reports: _____

Address of Agency: _____

Telephone Number of Agency: _____

Employee's Date of Hire: _____

Employee's Date of Termination: _____

Employee's Date of Resignation (if applicable): _____

Employee's Last Date Worked: _____

Number of Unused PTO Hours Accrued Post-Petition: _____

Amount of Paid Time Off (PTO): \$ _____

DO NOT FILE THIS FORM IF YOU HAVE ALREADY FILED A CLAIM FOR PTO

PLEASE ATTACH COPIES OF ANY RECORDS TO SUPPORT YOUR CLAIM

Employee's Signature

Date: