



How to Use this Document:

The following pages contains a PTO Donation Program: Donor form. The text is editable, so it can be customized to your organization's needs. Delete this cover page, and distribute to employees who wish to donate their PTO.

PTO DONATION PROGRAM: DONOR FORM

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PTO DONATION PROGRAM: DONOR FORM

Donor Employee's Name (Last, First, & Middle)	Donor Employee's ID Number	Date
Title	Supervisor	Department

1. Do you wish to donate PTO Hours to a designated individual employee? Yes No

If yes, to whom? _____

2. Do you wish to donate to the centralized PTO Hours bank in Payroll? Yes No

3. Are you currently at the maximum of your PTO Hours accruals? Yes No

NUMBER OF PTO HOURS TO BE DONATED (in whole hour units): _____

I certify that I am making this donation entirely of my own free will and that no attempts have been made to intimidate, threaten, or coerce me to donate PTO Hours. I understand that I have no right under any circumstances to have any of the donated leave hours restored to my accrued leave balance once I have signed this form, and it has been approved by the Office Manager / HR Representative. I further certify that this donation will not reduce my current PTO Hours balance by more than 50% and that, including this donation, I have not donated more than eighty (80) hours during this twelve-month period.

Donor Employee Signature: _____

Name (print): _____ Date: _____

Office Manager Signature: _____

Name (print): _____ Date: _____

Note: The Company allows the transfer of PTO hours from one benefits eligible employee to another benefits eligible employee who is experiencing a serious financial hardship. Employees making a PTO Hours donation transfer must have completed six (6) months of employment. Transfers will be made in whole hour units and applied to the recipient employee's account. Transfers will also be posted as needed in the order they are received by the Office Manager / HR Representative.