



**Jane Pauley
Community
Health Center**

Employee PTO Donation Form

Donating Employee Information

Employee Name: (please print)

Recipient Name: (please print) [Click here to enter text.](#)

Current PTO balance: [Click here to enter text.](#) **PTO hours to be donated:**

I understand that this PTO donation is irrevocable. Also, I must have at least 24 hours of PTO accrued to donate, and I cannot fall below 8 hours because of my PTO donation. Therefore, I authorize the Human Resources Dept. to deduct from my PTO balance the number of hours indicated above.

Employee signature:

Date: [Click or tap to enter a date.](#)

HR Dept. *(fax or email form to HR dept.)*

I certify that this employee's PTO balance has been reduced by the above hours of [Click or tap here to enter text.](#) The employee has [Click or tap here to enter text.](#) PTO hours remaining.

HR Rep's signature: [Click or tap here to enter text.](#) **Date:** [Click or tap to enter a date.](#)

PTO Donation Policy

An employee may voluntarily donate PTO to another employee or group of employees in the event of a hardship. The transfer of PTO is on an hour-for-hour basis. The recipient will be paid at her/his normal hourly wage, not at the donor's wage. The recipient's PTO balance will be credited with all hours received through donation. This would include hours that exceed the maximum accrual allowances. However, if the recipient terminates employment, the PTO paid in cash will not exceed maximum accrual levels. Once PTO has been donated, there is no requirement that the recipient eventually pay the donated PTO back to the employee who donated. The Chief Executive Officer will approve all PTO donation requests. Only employees who have at least 24 hours of PTO accrued are eligible to donate their PTO, and no employee can fall below 8 hours of PTO because of PTO donation.

