PTO Donation Form

I hereby voluntarily request to donate _____ of my own PTO hours (minimum of 4 hours) directly to the PTO bank of the individual named below.

Name of Recipient: _____ Employee ID# _____

Nature of the PTO need (check one)

☐ The staff member is experiencing a medical (including maternity for the first 6 weeks only), personal or family emergency requiring prolonged absence from work (minimum of 7 calendar days) including intermittent absences related to the same illness or condition.

☐ The staff member is caring for an immediate family member (as defined in FMLA Policy HR1311) who is experiencing an unexpected medical emergency or other medical condition requiring prolonged absence from work (minimum of 7 calendar days).

☐ The staff member needs extended time off following the death of an immediate family member (as defined in Bereavement Leave Policy HR1344).

Name of Donor: _____ Employee ID# _____

Please check one of the following boxes:

☐ Keep my donation confidential
☐ Employee Benefits may release my name as a donor to the recipient (not the hours donated)

- I understand that I will not be taxed on the PTO hours donated
- PTO donation is received at the recipient's rate of pay
- As the Donor, I understand I must maintain a minimum of 40 hours in my PTO bank

Donor's Signature: _____ Daytime Phone: _____

Donor's Email Address: _____ Date: _____

For Employee Benefits/Payroll Use Only:

Recipient's ID# _____ PTO Balance: _____ Donor's ID# _____ PTO Balance: _____

_____ _____
Benefits Representative Approval Date sent to Payroll

Submit completed form to Employee Benefits:
Email: ptodonations@honorhealth.com or Fax: 480-882-5802