



## PTO DONATION FORM

To be completed by Donating Employee and faxed to the **HR Wellness Center** at **216-201-4065**

<b>Donating Employee Information</b>	
Name: _____	
Last	First
UH Entity:	Department:
Supervisor:	Daytime Phone:
<b>Recipient Employee Information</b>	
Name: _____	
Last	First
UH Entity:	Department:
Supervisor:	
PTO Hours Donated (Minimum 4 hours, in 1 hour increments) _____	

I understand that this donation is voluntary and that my donated time cannot be returned to me under any circumstances. I further certify that I have not and will not receive compensation in any way from the recipient or any other individual as a result of this donation.

\_\_\_\_\_  
Signature Date

<b>Human Resources Use Only</b>	
<b>Donating Employee Checklist</b>	<b>Recipient Employee Checklist</b>
<input type="checkbox"/> Completed Initial Employment Period <input type="checkbox"/> Minimum 40 hour PTO balance after donation	<input type="checkbox"/> Completed Initial Employment Period <input type="checkbox"/> Approved FMLA, Personal or Medical leave
Hourly Rate: \$ _____ X Hours Donated: _____	Dollar value \$ _____ / Hourly Rate: \$ _____
Dollar value of PTO hours: \$ _____	PTO hours received: _____
Human Resources Signature	Effective date of PTO transfer