

## UH PAID TIME DONATION FORM

To be completed by Donating Employee and submitted to the HR Service Center.  
(Phone: 1-877-471-7522, Fax: 1-216-201-4065)

<b>DATE</b>
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<b>DONATING EMPLOYEE INFORMATION (PLEASE PRINT)</b>	
Name	UH Entity
Daytime Phone #	
Department	Supervisor

<b>RECIPIENT EMPLOYEE INFORMATION</b>	
Name	UH Entity
Department	Supervisor (if known)

<b>PAID TIME HOURS TO BE DONATED</b> (Minimum 4 hours, in 1 Hour Increments)	
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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</b>			
<b>Donating Employee Checklist</b>		<b>Recipient Employee Checklist</b>	
	Completed Initial Employment Period		Completed Initial Employment Period
	Minimum 40 hour Paid Time balance following donation		Approved FMLA, Personal or Medical Leave
Hourly Rate \$ _____ X Hours _____		Dollar value \$ _____ ÷ Hourly Rate \$ _____	
Dollar value of Paid Time Hours \$ _____		Paid Time hours Received _____	
Human Resources Signature		Effective Date of Paid Time Hours Transfer	

All criteria listed in the checklists must be met to process the donation.