

Title: _____



Navicent Health Form



Title: PTO Donation Form
Reviewed by: Angela Free 06/17/2020
Approved by: Clint Jones

Instructions: Complete this form to donate a portion of your PTO hours to the appropriate PTO Bank. The recipient will not be disclosed to you. Your donation must include a minimum of 4 hours and not more than 40 hours per calendar year, per recipient, per bank. In addition, you must have a balance of 80 hours after any donated hours are deducted from your bank. By completing and signing this form, you authorize the reduction of your PTO balance by the number of donated hours to benefit an anonymous teammate recipient.

All donations received before noon on Thursdays before payday will be considered available to teammate recipients for that pay date. Donations received after noon on Thursdays before payday will be available to teammate recipients the following pay date or later.

Please **email form to: HRPTOAdministratorMacon@atriumhealth.org*

To be completed by Donor Teammate

Please donate _____ hours of my PTO to the COVID Temporary National Disaster Program (Recipient or parent, spouse, child must be affected by Covid and does not have to be out on FMLA)

Please donate _____ hours of my PTO to the Medical Emergency PTO Donation Program (Recipient or parent, spouse, child affected by medical emergency and must be out on approved FMLA)

Donor Name: _____ *Donor API # _____

Donor Signature: _____ Date signed: _____

**Donor API # is required to process form; forms without API #'s will NOT be processed.*

To be completed by HR:

Date form received: _____

Number of PTO hours donated to Covid bank this calendar year to date: _____

Number of PTO hours donated to Regular PTO bank this calendar year to date: _____

PTO hours balance after this donation: _____

Donation Approved? Yes No
circle one

Title:

Entity-Department Name: System Human Resources	Revision Date: June 2020
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