

Title: \_\_\_\_\_

**Instructions:** This form should be completed by teammates who are in jeopardy of exhausting their PTO and EIB hours and have a medical emergency event or Covid-related event for either themselves or an immediate family member (spouse, child or parent). Please note the following:

- Employees must be on an **APPROVED** Family Medical Leave of Absence (FMLA) to receive hours from the Medical Emergencies PTO Bank.
- Employees do not have to be on FMLA to receive hours from the Covid Bank.
- Normal pregnancy and childbirth are not considered medical emergency events.
- Employees who are not eligible for PTO are not eligible to request donations.
- Recipients are eligible to receive donations equal to two full pay periods from each bank based on their scheduled hours (e.g., 160 hours for 40 hour/week employee; 144 hours for 36 hour/week employee).
- Donations cannot be received from both banks in the same pay period.
- Teammates may request a minimum of 4 hours and a maximum of 40 hours per calendar year from each bank.
- Recipients who have short-term and/or long-term disability income protection, or those working partial schedules may only be paid donations to achieve their regular full pay (i.e., donations may not take the employee beyond 100% of pay).

**All request forms must be received by Thursday at Noon the week before payday**

Please **email** all requests to: [HRPTOAdministratorMacon@atriumhealth.org](mailto:HRPTOAdministratorMacon@atriumhealth.org)

**To be completed by requesting Teammate:**

Teammate Name: \_\_\_\_\_ \*Teammate API #: \_\_\_\_\_

Teammate or Manager Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

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

Is need Covid-19 related? Yes No (circle one)

Describe need for donation (please be as discrete as possible):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Title:** \_\_\_\_\_

**To be completed by HR:**

Date form received: \_\_\_\_\_

Number of PTO hours received this calendar year to date from Covid bank: \_\_\_\_\_

Number of PTO hours received this calendar year to date from Medical bank: \_\_\_\_\_

PTO hours balance before this donation: \_\_\_\_\_

EIB hours balance before this donation: \_\_\_\_\_

Number of PTO hours to receive this occurrence: \_\_\_\_\_

Approved Request?      Yes    No

HR Use only:	Hartford FMLA status: _____
PTO balance:	Short-term disability details: _____
EIB balance:	Long-term disability details: _____
FTE: _____	
Meets medical emergency event criteria? Yes    No	
Meets Covid event criteria? Yes    No	
Donor Name: _____	Donor API# _____
PTO Administrator Signature: _____	Date: _____
Head of HR Signature: : _____	Date: _____

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<b>Title:</b>
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**To be completed by Payroll:**

Date added to recipient balance: \_\_\_\_\_ Payroll Initials: \_\_\_\_\_

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