

# Paid Time Off Donation Form

I, \_\_\_\_\_ authorize the transfer of  
(Name of employee donating)

\_\_\_\_\_ hour(s) (eight hour increments only) of paid time off to:

\_\_\_\_\_  
(Name of Recipient)

My current hourly rate is \$ \_\_\_\_\_. I understand that this amount will be deducted from my PTO balance and is not returnable. I also certify that my remaining paid time off balance is 80 hours or more and that I have used 80 hours of paid time off this previous year.

\_\_\_\_\_  
Signature of Employee Transferring Hours

\_\_\_\_\_  
Employee Number

Date: \_\_\_\_\_

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FOR PAYROLL TO COMPLETE

\_\_\_\_\_  
Payroll Date Hours Were Transferred

\_\_\_\_\_  
Receiver's Rate of Pay

\_\_\_\_\_  
Receiver's Employee #

Completed by: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)