



Paid Time Off Emergency Medical Donation Request Form

Name _____ Employee ID _____ Date _____
 Facility name _____ Facility number _____
 Department name _____ Department number _____

Emergency Medical Donation Request

I wish to donate _____ in Paid Time Off hours from my Paid Time Off account to the account
 of _____ (name employee).

Recipient of the Medical Emergency donation must have exhausted all of their Paid Time Off to be eligible to receive a donation.
 The donation may not exceed the amount of missed unpaid schedule hours employee has incurred due to the medical emergency.
 Employees who make emergency medical donations are not subject to a suspension of accruals.

 (Human Resources Approval)

Employee Signature

 Employee

 Date

HR/Payroll Use

PTO Hours available: _____

Payroll use only

Effective PPE: _____

Calculation to convert donated Hours to be placed in recipient's PTO Account

Hours donated: _____

Times hourly rate of donor: **X** _____

Value of donation: **\$** _____

Divided by hourly rate of recipient: **/** _____

Equals total hours deposited: **=** _____