

PTO Donation Form

Emp Number	Employee Name (Donor)	Corp / Dept #
------------	-----------------------	---------------

I understand that in order to make a PTO Donation, I must satisfy the following policy requirements:

- Six months of continuous employment in a benefit-eligible status
- Fulltime employees may donate up to 80 hours; 40 hours for part-time
- Donation may not reduce employee's overall Paid Time Off balance below forty (40) hours for full-time employees and twenty (20) hours for part-time employees

I understand that I may donate Paid Time Off to the following:

- An employee who has experienced a medical emergency personally or whose family member has experienced a medical emergency

PTO Donation:

I authorize _____ hours of my accrued PTO to be donated to:

Emp Number: _____ Employee Name (Recipient): _____ Dept Number: _____

I understand this PTO Donation is voluntary and irrevocable. I further understand PTO time is transferred on a dollar equivalent basis and will be adjusted to match the recipient's hourly rate. *I understand this donation will not be processed unless the recipient meets eligibility requirements as described in the policy.*

I understand it is my responsibility to ensure timely delivery/receipt of this form to HR Benefits. It may be submitted to HR Benefits in person or email to HRBenefitsTeam@rsfh.com (scan completed document). HR Benefits is not responsible for forms not received in a timely manner. I certify that I understand and meet the requirements as outlined above.

Employee Signature (Donor)

Date