

# DONATION OF TIME OFF AUTHORIZATION

Date of request: \_\_\_\_\_

## **EMPLOYEE MAKING DONATION**

Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Check here if you wish your donation to be anonymous.

Hours to be donated (check one only): 8 hrs 16 hrs 24 hrs 32 hrs  
40 hrs or  \_\_\_\_\_ (write in hours to be donated)

(Donations must be in 8 hour (1 day) increments; to make a donation an employee must have **48** hours (6 days) in his/her vacation, annual leave or PTO bank or **120** hours in annual leave bank if classified as an Inpatient RN prior to donating hours). Donating employee must maintain at least a 40-hour donation balance in his/her in his/her vacation, annual leave or PTO bank.

**IMPORTANT:** Recipient cannot use donated time until the payroll cycle after the donation is entered.

## **EMPLOYEE RECEIVING DONATION:**

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

I HEREBY VOLUNTARILY AUTHORIZE THE VACATION, ANNUAL LEAVE OR PTO HOURS STATED ABOVE BE DONATED TO THE EMPLOYEE STATED ABOVE.

I UNDERSTAND THAT THIS IS VOLUNTARY AND MY DONATION IS IRREVOCABLE.

I FURTHER UNDERSTAND THAT I AM RESPONSIBLE FOR OBTAINING MY SUPERVISOR'S AUTHORIZATION AND THEN FORWARDING THIS FORM TO HUMAN RESOURCES FOR PROCESSING.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Approval

\_\_\_\_\_  
Date

**SUBMIT COMPLETED FORM TO: HR Benefits AT G3-HR, or FAX TO 206-625-7224.**

### **TO BE COMPLETED BY HUMAN RESOURCES:**

Donating employee

Employee receiving donation

VAC/AL/PTO HRS AVAIL: \_\_\_\_\_

EE #: \_\_\_\_\_

DONATION APPROVED: \_\_Y \_\_N

CONTRACT CODE: \_\_\_\_\_

ELIGIBLE? (APPROVED LEAVE OR CATASTROPHIC EVENT): \_\_Y \_\_N

DATE APPROVED: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_