Paid Time Off (PTO) Donation Program
Donation Form

To be completed by the donating associate and submitted to benefits@choc.org.

Last Name____________________________ First Name__________________________________

Associate ID#_________________________ Department/Unit_____________________________

I hereby voluntarily authorize up to________PTO hours to be deducted from my PTO balance and donated to the PTO Donation Bank for the PTO donation reason I have selected below. I understand that this donation is voluntary.

______ Medical Emergency

______Federally Declared Disaster

____ ________________________

Signature Date

For Human Resources use only

Date request received:____________________PTO transferred to PTO Donation Bank: ________

Completed by:__________________________Date:______________________________

Paid Time Off (PTO) Donation Program
Request Form due to Medical Emergency

To be completed by the associate requesting PTO and submitted to benefits@choc.org.

Last Name ____________________________ First Name _________________________________

Associate ID# _________________________ Department/Unit ____________________________

Reason: Serious health condition for

Self

Immediate Family Member
Spouse
Child

Number of Hours Requested:_________________

RECIPIENT'S CERTIFICATION: I understand and agree to the following provisions:

- I must exhaust all available accrued PTO prior to receiving and using donated PTO.
- I have received approval for a Leave of Absence for myself or to care for my immediate family member with a serious health condition.
- I understand that donated PTO is paid at my hourly rate at the time of use and that I bear the tax burden for all donated PTO at the time it is used.
- I understand that the amount of donated PTO hours provided to me may not exceed the maximum amount of PTO accrued by me in a 12-month period.
- I understand that I will not be required to reimburse PTO hours donated to me unless one of the following situations occurs:
  - Compensation is received from another source for the same period of time I received donated PTO hours, such as when moneys are received from worker's compensation benefits, disability benefits or regular pay for that same period of time; or
  - The Human Resources Department determines that any fraud or misrepresentation has occurred. If any fraud or misrepresentation has occurred, I may be required to repay up to all donated PTO and/or may be subject to disciplinary action in accordance with CHOC Children's Policies.

____ _____________________________

Signature **Date**

For Human Resources use only

Date request received:___________________ Maximum hours of donation approved:___________

Verification that PTO has been exhausted:____

Verification that Recipient is on an approved leave:_______________________________________

Date of PTO transfer:___________________ Date recipient notified of donation: ______________

Completed by:_________________________ Date:_______________________________________

Paid Time Off (PTO) Donation Program
Request Form due to Federally Declared Disaster

To be completed by the associate requesting PTO and submitted to benefits@choc.org.

Last Name ____________________________ First Name ________________________________

Associate ID# __________________________ Department/Unit ____________________________

Number of Hours Requested:_________________

RECIPIENT'S CERTIFICATION: I understand and agree to the following provisions:

- I must exhaust all available accrued PTO prior to receiving and using donated PTO.
- I have experienced severe hardship due to a Federally declared disaster which requires me to be absent from work.
- I understand that donated PTO is paid at my hourly rate at the time of use and that I bear the tax burden for all donated PTO at the time it is used.
- I understand that the amount of donated PTO hours provided to me may not exceed the maximum amount of PTO accrued by me in a 12-month period.
- I understand that I will not be required to reimburse PTO hours donated to me unless one of the following situations occurs:
    - Compensation is received from another source for the same period of time I received donated PTO hours, such as when moneys are received from worker's compensation benefits, disability benefits or regular pay for that same period of time; or
    - The Human Resources Department determines that any fraud or misrepresentation has occurred. If any fraud or misrepresentation has occurred, I may be required to repay up to all donated PTO and/or may be subject to disciplinary action in accordance with CHOC Children's Policies.

____ ______________________________

Signature **Date**

For Human Resources use only

Date request received:____________________Maximum hours of donation approved:__________

Verification that PTO has been exhausted:____

Verification that Recipient is on an approved leave:_______________________________________

Date of PTO transfer:____________________Date recipient notified of donation: _____________

Completed by:_________________________ Date: ______________________________________