



Human Resources

Employee Name: \_\_\_\_\_ ID: \_\_\_\_\_

Department: \_\_\_\_\_ Department Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

The intent of this policy is to allow one staff employee (the “Donor”) to donate PTO leave to assist another staff employee (the “Recipient”) when the Recipient or an immediate family member of the Recipient experiences a prolonged medical condition resulting in the Recipient being placed on qualifying medical leave. Exceptions may be made in instances of an unforeseen life-threatening incident or when the employee experiences a non-medical related crisis.

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Estimated length of absence from work: \_\_\_\_\_

Current PTO Balance: \_\_\_\_\_

*(Exempt employees must attach a copy of your PTO leave record)*

Brief description of the medical condition requiring a prolonged absence (at least 5 workdays):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: Medical Certification and FML request (*if applicable*) must accompany this application.

**RECIPIENT STATEMENT OF UNDERSTANDING**

I understand that compensation received under the Voluntary Shared PTO Leave Program is considered taxable income.

*I understand that the receipt of Shared PTO will remain confidential.*

\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date