



Paid Time Off (PTO) Donation Request

Employee Information *(please print)*

Employee Name: _____

Employee ID Number: _____ Daytime Phone Number: _____

Department Name: _____

Hospital Name: _____

PTO/Vacation Donation Election Information

I request to make the following irrevocable PTO/Vacation Donation Election to Mercy Foundation North. I understand I must have a minimum of 120 hours in my PTO/Vacation bank at the time I make this election.

PTO Hours Donated: *(donations must be made in whole hour increments)*

_____ PTO hours per pay period *(Bi-weekly)* for _____ number of pay periods *(not to exceed 26)*

OR

a one-time donation of _____ PTO hours

to benefit _____

I understand that in order to donate the PTO hours elected, I must have a minimum of 120 hours remaining in my account after I make this election. If there are insufficient hours to cover my election, no donation will occur. I also understand that PTO donations are subject to all applicable payroll taxes and will be reported as wages on my IRS W-2 form in the calendar year in which the hours are donated.

Employee Signature: _____ Date: _____

Submit completed form to local Mercy Foundation North office.