Dignity Health
PayrollConnect

Payroll Deduction Form for Foundation PTO Donations

Employee Information *(please print)*

Employee Name: _____

Employee Home Address: _____

Employee ID Number: _____ **Last 4 Digits of SSN:** _____

Daytime Phone Number: _____

Work Location (facility): _____

PTO Donation Election Information

I request to make the following PTO Donation Election to the Dignity Health-affiliated Foundation below.

I understand that:

- **In order to donate the PTO hours elected, I must have a minimum of 80 hours in my PTO account at the time I make this election. If there are insufficient hours to cover my election, no donation will occur.**
- **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 PTO hours are donated.**
- **Any ongoing PTO donation election will be in effect until discontinuance is requested by me in writing.**
- **The named foundation will receive a copy of my form.**

PTO Hours Donated: *(donations must be made in whole hour increments and are converted to cash)*

☐ **A one-time donation of _____ PTO hour(s).**

☐ **An ongoing donation of _____PTO hour(s) per pay period.**

Foundation Name: MERCY FOUNDATION NORTH
(please print)

All donations will be given to the area of greatest need (unrestricted) unless otherwise specified here:

_____ _____

Employee Signature: _____ **Date:** _____

PTO donations to Dignity Health-affiliated Foundations are tax deductible to the fullest extent allowed by law. Dignity Health-affiliated Foundations do not provide goods or services in consideration for contributions by payroll deduction.

Submit completed form to your facility's PayrollConnect Customer Service Team. To specify a change in an ongoing donation hours or foundation to which your donation is sent, please complete a new form and submit to your facility's PayrollConnect Customer Service Team.