



PTO Donation Form

Employee Name _____
(please print)

Date _____

I wish to donate _____ hours of my PTO time to be used for staff member
(insert number)

(insert name)

I understand that these PTO hours will be deducted from my available PTO and that this form will become a part of payroll records.

(Employee Signature)

Date

Please submit this form to Human Resources for approval.

Human Resource Department Approval

Date