



The purpose of the PTO Gift of Time Donation Program is to provide a way for employees to donate accrued PTO time to an employee for absences resulting from a serious medical condition of an employee or an employee's immediate family member. Donations may also be made to employees that are absent as a result of a natural disaster or other catastrophic event (e.g., flood, tornado, etc...). Please review the program summary for complete details regarding eligibility to receive as well as donate PTO.

Requesting Employee Information			
Last Name, First Name, Middle Initial:	Employee 4 Digit Lawson Number:	Pay Status: Salaried Hourly	Work Location:
Functional Manager:	Date Donation to Commence:	Hours Requested:	Current PTO Balance:

Reason for Request

I certify that the information submitted is correct and will provide any and all certifications requested for review. All other available accrued PTO balances have been exhausted.

Employee Signature		
Last Name, First Name (Please print)	Signature:	Date:

Manager Authorization		
Last Name, First Name (Please print)	Signature:	Date:

HR Manager Authorization		
Last Name, First Name (Please print)	Signature:	Date: