

**Professional Staff Nurses Association
Request to Participate in the Support Fund
One Time PTO Donation Program**

Employee Name *(please print)* _____

Employee No. *(6-digit number found on pay stub)* _____

Number of Hours to be donated

This program represents PSNA members' commitment to colleagues in need. I understand this donation is completely voluntary and not tax deductible on my yearly income tax.

I have designated the number of PTO hours I wish to donate to the Support Fund in the box above. I understand that my participation in this program will result in that designated number of hours being taken from my PTO balance and put in the PTO bank of the employee I designate. This deduction will occur on _____.

The employee I wish to make a one time donation to: _____

(employee number)

Employee's Signature

Please do not write in this box. For HR only

PTO hours accrued at the time of the request to donate _____

Hours to be donated _____

Total hours remaining in the PTO bank _____

Date PTO bank adjusted _____

Human Resources Review

date