

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

Employee Name *(please print)* _____

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

Number of Hours to be donated each year:
(minimum 1 hour a year to participate)

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 also understand that I must give to the Support Fund to be able to use the Support Fund under the policies and rules of this program.

I have designated the number of PTO hours I wish to donate on a yearly basis 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 Support Fund bank. This deduction will occur on the first pay period of each year.

If I choose at any time to stop the yearly deduction I will not be able to pull any donated PTO hours back out of the Support Fund bank and I will no longer be able to request hours from the Support Fund bank. To stop the yearly deduction I understand that I will present a written letter to Human Resources requesting the immediate termination of my participation in this program.

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