

**Professional Staff Nurses Association
Request to Receive PTO from the Support Fund**

Employee Name *(please print)* _____

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

I, _____ am requesting to be considered for donation of _____ PTO hours from the PSNA Support Fund. I understand that by receiving this donation it is considered compensation and therefore, subject to all withholding taxes and payments will be made in accordance with normal payroll processing. I understand that my application for donated time is confidential.

By my signature below, I have exhausted all available time per existing paid time off policies (PTO and STD). Medical documentation will be provided if requested by PSNA.

Employee's Signature