

SICK TIME PTO DONATION FORM



University
Health System

Thinking beyond

ACTIVE EMPLOYEES:

Any Regular Full/Part Time employee working 16 hours or more a week may donate Paid Time Off (PTO) no less than 8 hours and no more than 160 hours within a 12 month period. You are not eligible to donate if you are within your 90 day probationary period.

Your Name: _____ Employee ID#: _____ Home/Cell: _____

DepartmentName: _____

Director: _____ Supervisor: _____

Number(#) of hours to donate: _____ (Hours must be in increments of 8, 16, 24, 32 or 40)

I wish to donate hours to employee name: _____

Please scan this donation form to selia.goddard@uhs-sa.com & brandie.gamboa@uhs-sa.com

I understand that the number(#) of PTO hours shown above will be deducted from my present accrued PTO balance as needed and transferred to the employee listed above. I further understand that this transfer is final and I may not request to have those hours re-instated at a later date. If these hours are not used, they will remain in my PTO bank.

Signature: _____ Date: _____

TERMINATING EMPLOYEES:

I understand that as a terminating employee or regular employee converting to a part-time temporary status, donations to the Sick Time Program are encouraged by the Health System; however, the donations are strictly voluntary and must be donated to a specific employee who has been approved for this program. Therefore, I wish to donate the number(#) of hours indicated below. I understand that this donation is final. Hours should be in increments of 8 (8, 16, 24, 32, 40).

Number(#) of hours _____ to donate to this employee: _____ ID# _____

Terminating Employee Printed Name: _____

Signature: _____ Date: _____