

SICK TIME PTO DONATION FORM



University
Health System

Thinking beyond

ACTIVE EMPLOYEES:

Any regular full/part time employee, who has completed probation may donate Paid Time Off (PTO) in increments of 8 hours to the Sick Time Pool.

Please complete the following information:

Your Name: _____ Employee ID#: _____ Phone: _____

Department Name: _____

Director: _____ Supervisor: _____

Number(#) of hours to donate: _____ (Hours must be in increments of 8, 16, 24, etc.)

I wish to donate hours to the sick pool. I understand that the number(#) of PTO hours shown above will be deducted from my present accrued PTO balance as needed. I further understand that this deduction is final and I may not request to have those hours re-instated at a later date.

Please email this donation form to selia.goddard@uhs-sa.com