

PTO DONATION REQUEST FORM

To be completed by Donating Employee and faxed to Pro Coop HR Dept. at (712) 335-3075.

Donating Employee Information

Name: _____ Location: _____

Supervisor: _____

Phone Number: _____

Recipient Employee Information

Name: _____ Location: _____

Supervisor: _____

PTO Hours Donated: _____

(Maximum of 16 hours of PTO per month)

I understand that this donation is voluntary and that my donated time cannot be returned to me under any circumstances. I understand this request also will be final upon the reviewing and approval of HR representative. I further certify that I have not and will not receive compensation in any way from the recipient or any other individual as result of this donation.

Donating Employee signature: _____ **Date:** _____

Human Resources Use Only	
Donating Employee Checklist	Recipient Employee Checklist
Completed Initial Employment Period Minimum 40 hour PTO balance after donation	Completed Initial Employment Period Approved FMLA or Medical Leave
Hourly Rate: \$ _____ X hours Donated: _____ Dollar Value of PTO hours: \$ _____	Dollar Value \$ ____/Hourly Rate: \$ _____ PTO hours received: _____
Human Resources Signature	Effective PTO Transfer date _____