



PTO DONATION FORM – HURRICANE RELIEF SUPPORT

In the aftermath of Hurricane Helene, our team has come together to offer support to those facing extraordinary challenges. This PTO Donation Form allows employees to donate their Paid Time Off (PTO) to colleagues who have been significantly impacted. Thank you for your generosity and for showing that we truly care for one another during times of great need.

- I request that this one-time contribution to the Care Share account be made in the value of _____ PTO hours (Hours should be in increments of 1.0, and not in fractional amounts or durations of less than one hour). I certify that after this donation, I have a minimum balance of eighty (80) hours in my PTO accrual bank.

Donor's First Name

Donor's Last Name

Donor's Employee #

Donor Signature

Date Submitted

FOR PERSONNEL OFFICE USE

Donor Information

Number of Hours:

Rate of Pay:

Total in dollars:

Approved by Personnel Assistant/Support for
Director of Human Resources

Return completed form to the SGMC Health Human Resources/People Services office or scan and email to humanresources@sgmc.org

Rev. 10/04/2024