

 **PTO DONATION AUTHORIZATION FORM**

Donating Employee:

Service Line: Island Health Care Island Hospice Independent Life at Home RightHealth® THA Services

 InteguHealth Palliation Choices

Community Office: BEAUFORT BLUFFTON SKIDAWAY STATESBORO PERRY STREET POOLER

Work Phone:

Receiving Employee:

Service Line: Island Health Care Island Hospice Independent Life at Home RightHealth® THA Services

 InteguHealth Palliation Choices

Community Office: BEAUFORT BLUFFTON SKIDAWAY STATESBORO PERRY STREET POOLER Work Phone:

I currently have a total of \_\_\_\_\_\_ PTO hours available and I authorize a total of \_\_ hours (must be in 4-hour increments) of my accrued Paid Time Off to be transferred to the above receiving employee. I understand that this donation of time is voluntary and once approved is final and cannot be revoked.

Signed:

Donating Employee

Approved:

Manager of Donating Employee

Approved:

President and CEO

Date: Date:

Date:

**Processing Instructions**: Once approved, forward the completed form to Talent Management, with a copy to

Payroll. Retain a copy in the donating and receiving employee personnel files.

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