



A Sign Language Interpreting Resource, Inc.

PTO DONATION REQUEST

Note: Vacation donation is available only for emergency cases pre-approved by the Executive Team.

I would like to help a team member in need. Per this signed authorization, please transfer _____ hours (increments of 4 hours only) vacation leave from my accrual balance to the vacation balance of _____.
(co-worker name)

By signing below, I indicate understanding that this donation of hours is permanent and cannot be reversed, and that these hours will no longer be owed to me at any point in the future.

Your Name: _____ Date: _____
(Please Print)

Your signature: _____

Payroll use only:

HR authorization: _____ Date: _____

Donated Rate: _____ Receiving Rate: _____

$\frac{\text{_____}}{\text{(Hours)}} \times \frac{\text{_____}}{\text{(D Rate)}} = \frac{\text{_____}}{\text{(\$ equiv)}}$ $\frac{\text{_____}}{\text{(\$ equiv)}} \div \frac{\text{_____}}{\text{(R Rate)}} = \frac{\text{_____}}{\text{(adj hours)}}$

OR

Equal Hour Equivalency _____ for _____
(hour) (hour)

Payroll/HR will determine which method benefits the employee best. Donations will be kept confidential in order to protect the pay rate information of both parties involved in the transaction.