

PTO Donation Authorization

I, _____, would like to voluntarily donate _____ hours of PTO to the Sisters of St Benedict PTO bank. I understand this leave will be provided to an employee who is approved to receive from the bank. I also understand that this PTO donation is irrevocable.

I authorize _____ hours to be deducted from my PTO balance.

Employee Signature: _____

Date: _____

HR Signature: _____

Date: _____