

# PTO Donation Request

Date of Request: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Number of PTO days requested: \_\_\_\_\_

Reason for request for donated PTO time: \_\_\_\_\_

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**I authorize the Sisters of St Benedict to release information concerning my need to the employees in the company for the sole purpose of soliciting donations of PTO time.**

\_\_\_\_\_  
**Signature of Employee and Date**

\_\_\_\_\_  
**Supervisor (Signature) and Date**

\_\_\_\_\_  
**Human Resources (Signature) and Date**

\_\_\_\_\_  
**Committee Approval (signature) and Date**