

**Early Light Academy
Employee Donation of PTO Form**



Name of Donating Employee: _____

I am requesting that _____ days of my Paid Time Off balance be transferred to:

(Name of Receiving Employee)

I am aware of the rules regarding the donation of Paid Time Off and of the use of donated Paid Time Off. I have read and understand the criteria on the back of this form which will be used in determining my eligibility to participate and how it will affect my Paid Time Off balance.

Signature of Donating Employee

Date

Acknowledgement:

_____ Request Granted

_____ Request Denied

Comments: _____

Beginning Balance: _____ PTO days

Donated Days: _____ PTO days

Ending Balance: _____ PTO days

Signature of Executive Director

Date

****ORIGINAL SENT TO ACADEMICA WEST TO BE PLACED IN EMPLOYEE FILE****

Employees who are interested in donating Paid Time Off days must meet the following qualifications and understand the following guidelines:

1. Employees may only donate PTO days from their current PTO balance.
2. An employee may donate a maximum of five (5) PTO days to a particular employee in any one school year.
3. All donations must be made in full day increments.
4. Once donated PTO days have been transferred to the recipient's PTO balance, the donor has no rights to those PTO days for any reason. Approved donations will be immediately deducted from the donor's PTO balance and credited to the recipient's balance.
5. The decision to donate PTO should be an individual and personal decision and is completely voluntary.
6. All PTO donations must be approved by the Executive Director.