

## Associates Care – PTO Donation Form

Please print your name: \_\_\_\_\_

Associate payroll ID number: \_\_\_\_\_

(Do not use Social Security number, use the number located on your pay stub, to the left of your name and address. It can be found under your location listing to the right of your S I T E D E P T A S S O C I A T E ID)

Work phone number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Work Site \_\_\_\_\_

Amount of PTO being donated: \_\_\_\_ . \_\_\_\_ (Minimum Donation - 1 hour. Maximum Donation - 25% of available PTO balance as of your most recent pay period)

\_\_\_\_\_  
*The hours you donate will go to the general PTO sharing fund at the site you designate and will be available for those who apply for PTO Sharing.*

*I make this donation to the following Advocate site* \_\_\_\_\_  
*(Please print the site name)*

**I make this gift freely and I understand that it will not be returned to me under any circumstances.** Per IRS regulations, donated hours may not be considered "charitable gifts" for income tax purposes.

Associate's Signature: \_\_\_\_\_ / /

(Date)

Associates E-mail address \_\_\_\_\_

(Either phone number or e-mail address is required for notification)

➤ After the form is completed with signature, fax a copy to HR Direct at 630-572-2528. Approval notification will be by e-mail or phone, keep a copy for your records.