



Employee CareFund Program PTO Donation Form

Name of Donating Employee: _____

Employee # _____

Employee Address: _____

City _____ State _____ Zip _____

PTO Hours Donated: _____

Hourly Rate: \$ _____

Total Cash Value: \$ _____

Net Donation: \$ _____

- Donated PTO hours will be converted to dollars based on the Donating Employee's current rate of pay, net of applicable taxes.
- Donated amounts will be given to the Foundation for the benefit of the Employee CareFund. Upon receipt, the Foundation will send the Donating Employee a donation letter.
- Submit this Employee CareFund Program PTO Donation Form electronically to benefits@crmcwy.org or in person to Human Resources, attention Benefits.

I understand I may donate any amount of PTO until my PTO balance is at 40 hours, and then no further PTO donation is allowed.

Donating Employee Signature: _____

Date: _____

P/R Validation:

Current PTO Balance: _____

PTO Balance After Donation: _____

Payroll Signature: _____ Date: _____

AP Check # _____ Date Sent to Foundation: _____