



Human Resources

Donor Name: _____ ID: _____

Department: _____ Department Phone: _____

Supervisor: _____

The intent of the Voluntary Shared PTO Leave Policy is to assist another employee when an employee or an immediate family member of the employee experiences a prolonged medical condition. The Voluntary Shared PTO Leave Policy can be found online at: www.wfu.edu/hr

I understand:

- A WFU staff employee may only donate PTO.
- A WFU staff employee may only donate PTO leave to another staff employee of Wake Forest University.
- The minimum amount of leave donated is 4 hours.
- The amount donated by a non-exempt employee is not to reduce the donor's PTO balance below 2 weeks. Exempt employee donors are not to reduce their PTO balance below 1/2 of their annual accrual rate.
- I cannot receive remuneration for PTO leave donated.
- **The donation of PTO Leave will remain confidential.**

Under the provision of the Voluntary Shared PTO Leave Policy, I request _____ hours of PTO Leave be transferred from my account to the account of _____, who I understand to be an approved recipient of shared leave. My PTO balance prior to this transfer is _____.

Signature of Donor

Date

Signature of Supervisor

Date