



# MEDICAL LEAVE-SHARED PTO DONATION FORM

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 resulting in the employee being placed in a leave without pay status. The Voluntary Shared PTO Leave Policy can be found online at: [www.wfu.edu/hr](http://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 ½ of their annual accrual rate.
- I cannot receive remuneration for PTO leave donated.
- **That 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: \_\_\_\_\_, whom I understand to be an approved

recipient of shared leave. My PTO balance prior to this transfer is:

\_\_\_\_\_ *(exempt employees please attach a copy of your PTO leave record)*

\_\_\_\_\_  
Signature of Donor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date