



LUTHERAN SENIOR SERVICES

This form must be returned to your local HR Department for processing. Questions? Contact your local HR representative.

PTO BANK - DONATION FORM

Donor's Printed Name

Employee #

I hereby request _____ hours of my accrued but unused paid time off (PTO) be contributed to the LSS PTO bank, for the benefit and use of others.

I understand this transfer of hours does not qualify as a charitable gift under the IRS Tax Code and I will not be able to declare this transfer of hours on my income tax return. I acknowledge that I have reviewed the details of this program as it is outlined in the LSS HR Policy "Paid Time Off (PTO)", and I understand the transfer of these hours will not occur if I fail to provide all information required on this form. I confirm that this donation is made completely voluntarily, and I was not pressured by anyone to do so. I understand this transfer of hours is irrevocable and under no circumstances will any payment for these donated hours be due to me at any time. I understand that my donation will remain anonymous unless I (the donor) inform others of my donation.

Employee's Signature

____/____/____
Date

(____)____-____
Phone Number

Please Note:

-If the employee's intended donation would cause their own PTO balance to drop below 40 hours, the donation will not be honored.

-You may be interested to know that you can also donate to the PTO Donation Bank by making a financial donation to the "PTO Fund" through the LSS Foundation by visiting www.lssliving.org/ways-to-give.

*****FOR HR USE ONLY*****

Donor PTO Available Balance _____

HR Approval

____/____/____
Date

FOR HOME OFFICE USE ONLY:

Request processed as requested by this form ____ Yes ____ No

If not, reason(s): _____

Home Office HR signature: _____ Date ____/____/____