

CTO Donation Program Hours Transfer Form

To donate time to an employee who has been approved for CTO donation, please complete this form and return to the Benefits Department. To be eligible for donations, the recipient must have no more than one pay period's worth of CTO in his/her CTO bank.

To nominate an employee to receive donations, please refer to the CTO Donation Program Nomination Form. An employee may be eligible for CTO donation if he/she or a family member is experiencing an unexpected medical emergency as defined under the criteria for the Family and Medical Leave Act (FMLA).

I hereby authorize a donation of _____ hours (in whole increments only) from my CTO bank to:

Name of Recipient (only one Employee Name per form)

This donation is not tax deductible. In the pay period that this form is received by Compensation & Benefits, your CTO bank will be reduced by the amount donated to the above-named employee. The donated hours cannot be used by the recipient until the following pay period after it has been received. Donor's CTO bank must have a balance of at least 40 hours after the transfer of the hours to the recipient. Extended Sick Bank (ESB) hours are not permitted to be used in the donation program.

Print Name of Employee making this donation

Donating Employee's ID Number

Donating Employee's Signature

____ / ____ / ____
Date

Deadline Date: No later than the last Thursday of the pay period.

This form can be returned to the Benefits Department in the following ways:

Via fax: (802) 847-2893

Via U.S. Mail: Fletcher Allen Health Care, Mailstop 151OH5

Via interoffice mail: Mailstop: 151OH5

1 South Prospect Street, Burlington, VT 05401

Please retain a copy of this form for your records.

For HRD USE only:

Action Date: ____ / ____ / ____ For pay period ending: ____ / ____ / ____

At least 40 Hours of CTO remaining in donor's bank