



CTO DONATION PROGRAM

NOMINATION FORM

To request a donation program for a co-worker with an unplanned and unexpected medical emergency as defined under the criteria for the Family and Medical Leave Act (FMLA), please complete this form and submit to the Employee Health and Disability Analyst. Once eligibility is approved, any employee who wishes to donate hours to the approved individual may do so by completing the CTO DONATION PROGRAM: HOURS TRANSFER FORM. The recipient can have no more than one pay period's worth of CTO in his/her CTO bank to be eligible to receive donations.

I hereby request a CTO donation program be approved for:

Please print or type employee's name ► _____

Please describe the type of unexpected and unplanned medical emergency that this employee is experiencing. ▼

I understand that when this request is approved, employees may submit the CTO Donation Program: Hours Transfer Form to donate time to this employee. The donations are not tax deductible. The donated hours cannot be used by the recipient until the following pay period after it has been received. All donors must have a balance of at least 40 CTO hours after the transfer of the hours in order to be eligible to donate.

An approved donation program will be in effect for two pay periods unless otherwise requested.

Name of Employee making this nomination request - (please print or type)

► _____

Employee's Identification Number ►

Employee's Signature ►

Date ►

Send the completed form to: THE EMPLOYEE HEALTH & DISABILITY ANALYST
COMPENSATION & BENEFITS - 111 COLCHESTER AVENUE - BURLINGTON, VT 05446
Fax – 802-847-2893

FOR HRD USE ONLY

APPROVED DATE: _____

APPROVED BY: _____