SUBJECT: PAID TIME OFF - HOURS TRANSFER

POLICY:

This policy establishes a mechanism whereby an employee can donate paid time off (PTO) to employees meeting the requirements of this policy.

PROCEDURE:

1. A regular (i.e., non-probationary) full-time or part-time employee on family and medical leave, in compliance with the Family and Medical Leave personnel policy, who has used all of his/her PTO and STD hours is eligible to receive donated PTO hours from other hospital employees.

2. The requesting employee must complete a “PTO Transfer Hours Request” form (attached), with appropriate signatures/approvals, and submit it to the Human Resources Department.
   a. Requesting employees may designate that only certain employees, groups of employees or departments receive notification of their request for hours (as noted on the “PTO Transfer Hours Request” form).
   b. Unless specified as noted above, a request for PTO donation will be distributed to all hospital departments identifying the individual requesting the hours.

3. An employee wishing to donate PTO hours to an individual must complete a “PTO Transfer” form (attached), with appropriate signatures/approvals, to the Human Resources Department. Unless donated anonymously (as noted on the “PTO Transfer” form), the donating individual may be identified to the requesting individual.
   a. Employees cannot donate less than 2 hours per employee nor more than 40 hours per calendar year.
   b. Employees must have a minimum of 40 hours left in their PTO bank after donating hours.

4. Hours shall be available to the requesting employee as soon as transferred and shall be paid in accordance with normal payroll cycles. Transferred PTO hours may be used only up to the amount necessary for the recipient to receive 40 paid hours per week and will be paid at the receiving employee’s rate of pay.

5. Transferred hours shall become a part of the receiving employee’s PTO bank and will not be returned to the donating employee even if not used by the receiving employee during his/her leave period.

6. Taxes will be paid by the recipient at the time the hours are utilized.
PTO TRANSFER HOURS REQUEST FORM

I, ________________________________ (print name), hereby request PTO hour donations due to [ ]my [ ]my family member’s (check one) following medical condition (describe condition):

I understand that my request will be distributed to the following individuals/departments that I designate (check one) and that the request will identify me by name, although it will not specify the reason (i.e., medical condition) for the request:
[ ] All hospital employees/departments
[ ] Employees in my department only
[ ] Employees in my division only (Patient Services, Administration, Fiscal Services, Human Resources)
[ ] Other (identify individuals or departments): ______________________________

I understand that the PTO available for my use under this program and during my leave is limited to the number of hours donated by other hospital employees, that I will be paid only that amount of PTO necessary to obtain 40 paid hours per week, and that I will receive the PTO as part of the normal payroll cycle.

I hereby certify that I meet the requirements of the Family and Medical Leave personnel policy in effect on this date.

Requesting Employee’s Signature: ______________________________ Date: ______________
Manager’s Signature: ______________________________ Date: ______________
Human Resources’ Signature: ______________________________ Date: ______________

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PTO TRANSFER FORM

This form is required in order to properly record the transfer of hours for reporting to the Internal Revenue Service.

To Be Completed by Donor

Name and Department of Employee Donating Hours: ________________________________

Number of Hours Donated: ________________________________

Name and Department of Employee Receiving Hours: ________________________________

I understand that the above PTO hours will be transferred to the individual that I have designated and that these hours will not be transferred back to me if the individual does not use all of them during his/her leave period (i.e., they will become a part of the receiving employee’s PTO bank for use as that employee chooses in accordance with the policy). I also understand that my donation will identify me by name to the recipient unless I designate otherwise (see below).

Donor Employee Signature: ___________________________ Date: _________________

Manager’s Signature: ___________________________ Date: _________________

[ ] As a donor, I wish to remain anonymous.

To Be Completed by Human Resources

Hours already donated by donor this year (before this donation): ________

PTO prior to donation (PPE_________): ________________

Remaining PTO balance for after this donation: ________________

Pay period during which hours transferred: ________________

Human Resources’ Signature: ___________________________ Date: _________________

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