



Human Resources

Donor Name: _____ ID: _____

Department: _____ Department Phone: _____

Supervisor: _____

The intent of this policy is to allow one staff employee (the “Donor”) to donate PTO leave to assist another staff employee (the “Recipient”) when the Recipient or an immediate family member of the Recipient experiences a prolonged medical condition resulting in the Recipient being placed on qualifying medical leave. Exceptions may be made in instances of an unforeseen life-threatening incident or when the employee experiences a non-medical related crisis.

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 5 days. Exempt employee donors are not to reduce their PTO balance below 5 days of their earned and unused balance.
- I cannot receive remuneration for PTO leave donated.
- **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 _____, who I understand to be an approved recipient of shared leave. My PTO balance prior to this transfer is _____.

Signature of Donor

Date

Signature of Supervisor

Date