



# Personal Time Off Transfer Request

Requestor's Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

**Personal Time Off Policy:**

10. An employee may volunteer to donate his or her PTO to another eligible employee in times of extreme illness as described in this policy. The recipient must be eligible (employed one year) for PTO in order to receive PTO as a gift. Kids Central, Inc. recognizes in time of extreme illness of an employee or their immediate family member (a parent, in-law, spouse, or children) PTO may be exhausted creating a hardship. In this time of hardship an employee may request another employee to donate his or her PTO. A recipient may receive up to 15 days per year. Extreme illness includes an illness lasting more than consecutive 10 days for the same person. The donation must be in writing. Transfer of PTO must be approved by the Executive director or his designee.

In accordance to the Personal Time Off (PTO) policy, I \_\_\_\_\_ would like to donate \_\_\_\_\_ of my PTO to \_\_\_\_\_.

I authorize the human resource specialist and comptroller or their designee to make necessary changes to my PTO in order to grant my wish to transfer time to my co-worker.

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

Password: \_\_\_\_\_

**Administration Office Uses Only**

If request is submitted online verbal consent from the requestor will be verified.

Verified by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Amount of PTO Approved for Transfer: \_\_\_\_\_

Request Approved by:

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

Amount of PTO Approved: \_\_\_\_\_