|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PLEASE TYPE OR PRINT INFORMATION** | | | | | | | | | | |
| **TO BE COMPLETED BY DONOR (All fields are required)** | | | | | | | | | | |
| UM ID #: | | | Dept./Unit Name: | | | | | | | |
| Last Name: | | First Name: | | | | | | | | M.I.: |
| Cell/Home Phone: | | Work Phone: | | | | E-mail Address: | | | | |
| *My signature on this document certifies I understand that:*   * *It is my responsibility to read the provisions of the UMPNC PTO Donation Program* * *Donations may NOT be rescinded in part or whole for any reason once submitted* * *I may NOT donate hours if I am funded by a Sponsored Research Project account* * *I must have 40 hours (pro-rated by FTE) of PTO left in my bank after donating hours* | | | | | | | | | | |
| **NUMBER OF PTO HOURS TO BE DONATED** | | | | | | | | | | |
| PREFFERED RECIPIENT  (if applicable) | Last Name: | | | | | | First Name: | | | |
| Department Name: Supervisor Name: | | | | | | | | | | |
| Donor’s  Signature: | | | | | | | | | Date: | |
| TO BE COMPLETED BY DONOR SUPERVISOR/MANAGER (*All fields are required)* | | | | | | | | | | |
| Last Name: | | | | First Name: | | | | | | |
| E-Mail Address: | | | | | Work Phone: | | | | | |
| Donor’s Department ID: | | | | | | | | | | |
| By signing this form, I attest the donor meets criteria to donate PTO in accordance with the UMPNC PTO Donation Program Article 29 Section I Para 334 | | | | | | | | | | |
| Supervisor’s  Signature: | | | | | | | | | Date: | |
| MICHIGAN MEDICINE HR-PAYROLL OFFICE USE ONLY:  Reviewed by Name:    Work Phone: Email Address: | | | | | | | | Date Request Received:  Date Reviewed: | | |
| I certify the request meets eligibility requirements of the UMPNC PTO Donation Program: Yes  No  Comments: | | | | | | | | | | |
| Michigan Medicine HR-Payroll Representative’s Signature: Date: | | | | | | | | | | |
| FAX COMPLETED FORM TO MICHIGAN MEDICINE HR-PAYROLL: 734.615.5822 ATTN: Angie Galvin  *The UMPNC PTO Donation Program Committee will send notification of application status to the applicant within seven business days.* | | | | | | | | | | |