



**REQUEST FOR PTO DONATION
FOR HAITIAN EARTHQUAKE RELIEF**

PAID TIME OFF DONATION OPTION FOR HAITIAN EARTHQUAKE RELIEF

I wish to donate _____ hours of unused PTO time to SCLHS for Haitian earthquake relief. I understand the hours will be treated as regular taxable income, and applicable Federal, State, Local, FICA and Medicare taxes will be deducted. I understand that my PTO balance after the contribution may not fall below 40 hours. The hours will be donated at my base salary rate at the time of the election. This donation will be made as soon as administratively feasible following receipt of my request in Payroll. **Donations forms must be received in Human Resources no later than Monday, February 22nd at 4:30pm.**

Example: Employee donates \$500 worth of PTO and federal and state taxes on the donated PTO total \$200. The employee will have \$500 of taxable income, taxes paid of \$200 and a charitable donation of \$300 to Haitian earthquake relief.

AUTHORIZATION: *I voluntarily authorize SCLHS to donate the net cash value of my PTO hours as indicated above for Haitian earthquake relief. I understand my decision cannot be changed once made. I understand that SCLHS will provide no advice or direction regarding the treatment of this donation for purposes of income tax deductions and suggests that I contact my tax advisor for guidance. IRS regulations require SCLHS to confirm, which it hereby does, that SCLHS has not provided goods or services in whole or in partial consideration for your contribution.*

PRINT EMPLOYEE NAME	AFFILIATE OR DEPARTMENT	CURRENT PTO BALANCE
EMPLOYEE SIGNATURE		DATE

RETURN TO: HR DEPARTMENT
Attn: _Lori Palmgren
8929 Parallel Parkway Kansas City, KS 66112-1689
Fax: 913-596-4201

HUMAN RESOURCES USE ONLY:

Date Request Received: _____

Current PTO Balance: _____ Hours to Donate: _____

Date Request Sent to Payroll: _____ Initials: _____ Base salary at election: _____

Date Processed (Hours transferred/paid out): _____ Initials: _____