

CMA'S GIFT OF TIME DONATION FORM

Employee Name: _____

Date: _____

Current PTO balance: _____

I am donating _____ hours (must be in 4-hour increments) of my current PTO to _____ of the _____ department. I understand that this PTO donation is irrevocable.

Employee Signature: _____

Date: _____

Approved by Manager: _____

Date: _____

**** Submit completed form to the HR Department**