

CMA'S GIFT OF TIME REQUEST FORM

Employee Name: _____

Date: _____

Current PTO balance: _____

I am requesting _____ hours (requests must not exceed 160 hour) of donated time for the care of (circle one)

- a. My own serious illness or injury (such as cancer, serious accident, major surgery, AIDS, heart attack, etc.) that poses a threat to life and/or requires inpatient, hospice or residential health care.
- b. I am providing care for an immediate family member (parent, spouse, domestic partner, child, step-child, etc) who has a serious illness or injury (such as cancer, serious accident, major surgery, AIDS, heart attack, etc.) that poses a threat to life and/or requires inpatient, hospice or residential health care requiring me to take time away from work.

The employee must select one of the choices below in order for CMA to execute this request: (circle one)

- a. I authorize CMA to publicize this request throughout the company.
- b. I do not authorize CMA to publicize this information through the company (relying on word of mouth) for donations.

Employee Signature: _____

Date: _____

Approved by Manager: _____

Date: _____

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