



# OSU Foundation Voluntary Personal Time Off (PTO) Donation Form

Donor Information		
Last Name:	First Name:	MI:
Title:	Department:	Phone:
Supervisor:	Title:	
Donating PTO hours to:		
Number of Hours Donating (1 hour minimum / 40 hour maximum):		
Certification of Voluntary Donation		
I understand that I must maintain a balance of 40 hours of PTO in my account after making this donation. My signature authorizes Payroll to make this deduction from my PTO leave balance, and also certifies that I am making this donation voluntarily.		
Donor's Signature:		Date:

Payroll & Accounting	
I have reviewed this donation to ensure that it will not result in less than a 40 hour PTO accrual balance for the donor. I have adjusted the PTO balances for both the donor and the recipient.	
Signature:	Date:

November 2008