

EMPLOYEE APPLICATION TO RECEIVE DONATED PTO

Name (please print): _____

Extended leave needed for: (check the box that applies)

- Self

Family Member

- Spouse
- Parent
- Parent-In-Law
- Biological, adopted, step or foster child under age 18
- An adult dependent child substantially limited by a physical or mental impairment
- Grandparent
- Grandchild
- Same sex domestic partner
- Children of same sex domestic partner

By signing below, I give the OSU Foundation Human Resources Department permission to send an all-staff email to announce the opportunity to donate PTO to me. I understand that donated PTO is paid at my hourly rate at the time of use, and that I bear the tax burden for all donated PTO at the time it is used.

Name

Date

For HR Use – Leave Status:

OFLA/FMLA or

HR Review Approved Extended Leave

Verification that PTO has been exhausted: