

**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: