



PTO DONATION FORM FOR ASSOCIATE ANNUAL GIVING CAMPAIGN

Must be returned with Donation Form by March 17, 2018

ASSOCIATE NAME: _____ DATE: _____

Thompson Health believes strongly in allowing all Associates adequate time for rest and relaxation. PTO is granted to Associates so that they are able to spend enjoyable time away from work without suffering financial consequences.

Guidelines for cash-out of PTO to be donated to the ASSOCIATE ANNUAL GIVING Campaign:

- ❖ Cash-out of PTO is available to all part-time and full-time Associates.
❖ Associates may cash-out PTO in the minimum amount of 8 hours per year, to a maximum of 40 hours per year – for a period of one year.
❖ The balance of PTO in the Associate’s account must be above 80 hours (full-time) or above 40 hours (part-time) AFTER the PTO cash-out. (No exceptions)
❖ Associates are required to have taken at least 40 hours of PTO time during the previous calendar year (2016) in order to have a PTO cash-out opportunity.

I understand that I am voluntarily converting unused PTO hours into additional taxable compensation at my current hourly rate as of 4/1/18 and that I would not otherwise be permitted to do this under Thompson Health’s PTO policy. My PTO balance will immediately reflect this deduction in available hours. The reduction in my PTO balance based on my PTO cash-out will be reflected in my April 19, 2018 paycheck.

The converted PTO hours will be taxable income, and Thompson Health will withhold taxes on my behalf as applicable. The amount that will be recognized as the donation to the Associate Annual Giving Campaign will be the net pay related to the converted PTO hours, after applicable taxes. I will not accrue PTO time based on this cash-out of PTO. Although the converted PTO hours will be “paid” to me in order to make the donation, the resulting net pay amount will be captured by Thompson Health and remitted to Thompson Health Annual Giving on my behalf.

I understand that I am obtaining my leader’s signature as 1) confirmation that I have had ample opportunity to utilize my PTO for relaxation, and 2) since my desire to cash-out PTO will have budgetary impact on the department.

Date(s) of PTO utilized during previous calendar year (at least 40 hours): _____

Associate Signature _____ PTO Hours to cash-out _____ Date _____
(between 8-40 hours)

Supervisor Name _____ Supervisor Signature _____

PTO CASH-OUT FORMS MUST BE SUBMITTED WITH CAMPAIGN PLEDGE FORM TO THE F.F. THOMPSON FOUNDATION BEFORE March 17, 2018 (One-time opportunity for the Associate Annual Giving Campaign only)