



Colleague Hardship Healing PTO Donation Form

Instructions:

1. Complete all requested information below.
2. Return completed form to HR using an AskMyHR case or by emailing to MyHR@nebraskamed.com

Date:

Employee Name:

Employee ID Number:

Current PTO Balance:

**Hours to be Donated to Colleague Hardship
Healing PTO Bank:**

I wish to donate the PTO listed above from my accrued hours to the Colleague Hardship Healing Program. I understand that I may not request to have donated hours returned to my PTO bank in the future.

Employee Signature

Date

Payroll Use Only

PTO hours donated to Colleague Hardship Healing Program: Enter text here.

Date: _____ Initials: _____

Remaining PTO balance: _____