

Donated Paid Time off and Extended Sick Leave – RECIPIENT FORM

California Health Sciences University (the "Company") recognizes that there are instances when an employee who has not accrued or has used all of their paid time off ("PTO") and/or paid extended sick leave ("ESL"), has an unusual or extraordinary need for additional time off. This time off may be for a leave of absence. A leave of absence may be due to an employee or an employee's family member suffering from a long-term or catastrophic illness/injury, or to assist in the settling of affairs for a dying or deceased family member. Therefore, the Company's policy is to permit employees to donate accrued PTO and ESL to a designated co-worker.

Employees requesting donated paid time off must fully complete and sign this request form, including providing information about the reason for the request. Employees requesting donated time may be required to provide written verification of the need for time off from an appropriate third party. If you are requesting leave due to your illness or a family member's illness, you should include any doctor's notes related to your illness or your family member's illness with this form.

Employees requesting donated leave should only make such request if they expect to exhaust their accrued PTO and applicable ESL in the immediate future. Your request for donated leave is subject to approval by Human Resources.

Recipient Name: _____ Recipient Dept.: _____

Number of Hours Requested: _____

Reason for Extraordinary circumstance: ☐ Illness (Self) ☐ Illness (Family) ☐ Other (Please specify below.)

I certify that the need for this donated time is due to: a) the immediate threat of exhaustion of my accrued Paid Time Off and applicable Extended Sick Leave; and b) I have an unusual or extraordinary need for the additional time off. I am requesting _____ hours off for the reason identified above. I understand any donated PTO/ESL cannot be utilized by me until my PTO/ESL is completely exhausted. I also understand that falsification of the need for this donated time may subject me to disciplinary action, up to and including termination.

Recipient Signature: _____ Date: _____

Approval of Donated PTO/ESL Verification

To be completed by Human Resources Department

Recipient has exhausted PTO and ESL balance. ☐

Recipient meets criteria for extraordinary circumstance. ☐

Recipient has submitted requested written verification of need for donated PTO/ESL. ☐

Recipient has been approved to receive _____ hours of donated PTO/ESL.

Human Resources Approval Signature: _____ Date: _____

Human Resources Representative Name: _____

Donated Paid Time off and Extended Sick Leave – DONOR FORM

California Health Sciences University (the “Company”) joint policy is to permit employees to donate an unlimited amount of accrued paid time off (“PTO”) to a designated co-worker. In order to donate PTO, an employee must leave a minimum paid time off balance of three (3) days after their donation. Employees may also donate extended sick leave (“ESL”) in an amount equal to the amount of the employee donated paid time off.

Employees who donate time will have their accrued PTO and ESL balances permanently reduced by the amount donated. The donor employee shall have no right to be paid out for the donated days of paid time off; it is as if the donor used the paid time off themselves.

The purpose of this form is for potential donors to request Human Resources approval of donations of PTO and ESL to another employee in need of time off. If approved, Human Resources will notify the potential donor by returning this form with a signature from the Human Resources office.

DONOR REQUEST

I request to donate Paid Time Off (PTO) hours and ESL hours as specified below. I understand and acknowledge the donated time, if approved, will be deducted from my PTO and ESL balances and I will no longer be entitled to use or be paid for that time.

Donor Name: _____ Donor Dept.: _____

Recipient Name: _____ Recipient Dept.: _____

Number of Hours of PTO Donated: _____ Number of Hours of ESL Donated: _____

Donor Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Approval of Donated PTO/ESL Verification

To be completed by Human Resources Department

	Balance Before Donation	Balance After Donation
Total PTO hours		
Total Extended Sick Leave hours		

Donor has a PTO balance of at least three (3) days after donation. ☐

Donor has not donated more ESL than PTO. ☐

Human Resources Approval Signature: _____ Date: _____

Human Resources Representative Name: _____