

Forward original to: Fiscal

PTO TRANSFER FORM

Please transfer	* hours	from my PTO	balance to the	Angel Tree Program.	
Employee Name:			Signature:		
Employee #:	Department #:			Date:	
will be the value after ap	pplicable taxes and 40	01K deferrals (if a	pplicable) are ded	oour W-2 at year end. Your dona ucted. A donation letter will be aritable deduction on your annu	sent to
*Employees may trans	sfer a minimum of 1			-	
For Payroll Use:		•••••	•		
PTO Balance:		(current)			
Less Requested:		(max 40)			
New Balance:					
Rate:					
Total Dollar Amount:					
Net Contribution:					
Payroll Initial	Date				