

Name of Donor:		Date:	
Name of Recipient:			
PTO Hours to be donated:	PTO Hours R	emaining after donation	on:
Signature of Donor	Date		
Administrative Approval Signature	Date		
Reason for denial:			

<u>Document History</u> Approved: 01/03/2018

<u>Legal References</u>

6.02.TPL.1 Donation Of Personal Time Off Form		
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