



## Payroll Deduction Form for Foundation PTO Donations

### Employee Information *(please print)*

Employee Name: \_\_\_\_\_

Employee Home Address: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Work Location (facility code: 168, 184, 908): \_\_\_\_\_

### PTO Donation Election Information

I request to make the following PTO Donation Election to the Dignity Health-affiliated Foundation below.

I understand that:

- In order to donate the PTO hours elected, I must have a minimum of 80 hours in my PTO account at the time I make this election. If there are insufficient hours to cover my election, no donation will occur.
- PTO donations are subject to all applicable payroll taxes and will be reported as wages on my IRS W-2 form in the calendar year in which the PTO hours are donated.
- Any ongoing PTO donation election will be in effect until discontinuance is requested by me in writing.
- The named foundation will receive a copy of my form.

**PTO Hours Donated:** *(donations must be made in whole hour increments and are converted to cash)*

A one-time donation of \_\_\_\_\_ PTO hour(s).

An ongoing donation of \_\_\_\_\_ PTO hour(s) per pay period.

**Foundation Name:** \_\_\_\_\_  
*(please print)*

All donations will be given to the area of greatest need (unrestricted) unless otherwise specified here:

\_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PTO donations to Dignity Health-affiliated Foundations are tax deductible to the fullest extent allowed by law. Dignity Health-affiliated Foundations do not provide goods or services in consideration for contributions by payroll deduction.**

**Submit completed form to your facility's PayrollConnect Customer Service Team. To specify a change in an ongoing donation hours or foundation to which your donation is sent, please complete a new form and submit to your facility's PayrollConnect Customer Service Team.**