

Special Funded Effort

PTO or Cash Donation

1. My Employee Information

My Name: _____ Employee ID# : _____

2. Name of the Co-Worker who my gift will help:

(Please Print)

3. My Special Funded Effort PTO Gift

(Please route signed form to Employee Crisis Connection Representative: Rachel Reis)

Please deduct _____ PTO hours from my PTO account.

OR

4. My Special Funded Effort Cash Gift of \$ _____

(Please route signed form to Employee Crisis Connection Representative: Rachel Reis)

5. My Authorization *(Required)* *

I authorize Jennie Edmundson Hospital Foundation and Nebraska Methodist Health System Finance office to make the above noted change to my PTO account.

*I understand that my donation will be available **for one year** to help this employee. After one year, any unused funds will transfer to the Family Crisis Connection Grant program, in order to help other employees in need.*

Employee Signature

Date

*** The Employee's signature is required to authorize any changes.**



FOR OFFICE USE ONLY

- Copy sent to HR
- ECC Spreadsheet updated
- Check from Finance deposited
- Gift receipted in RE and letter sent to donor
- Completed