

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 Caring Coworkers Fund (CCF) Representative: Rachel Reis)

Please deduct _____ PTO hours from my PTO account.

OR

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

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 Caring Coworkers Fund Grant program, in order to help other employees in need.*

Employee Signature

Date

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

Please route signed form to Caring Coworkers Fund Representative: Rachel Reis at rachel.reis@nmhs.org



FOR OFFICE USE ONLY

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