

Special Funded Effort

PTO or Cash Donation

1. My Employee Information

My Name: _____ Employee ID#: _____

2. Name of the Co-Worker Whom My Gift Will Help:

(Please Print)

3. My Special Funded Effort PTO Gift

(Please route signed form to Caring Coworkers Fund Representative Rachel Reis)

Please deduct _____ PTO hours from my PTO account.

If you participate in the MHS 401(k) [pre-tax and/or Roth], your regular deduction(s) will be taken from your sell-back. If you do not want your regular deduction(s) to be taken, please indicate your choice below:

I authorize a change to my MHS 401(k) Retirement Plan elected amount(s) for this sell-back only:

Pre-tax 401(k) Percent _____%

Roth 401(k) Percent _____%

I do not wish to have a NMHS 401(k) Retirement Plan deduction from this sell-back (will apply to both pre-tax and Roth).

Maximum deferral is 88% of the value of the sell-back.
Deductions are subject to the annual plan contribution limits.

OR **Questions regarding the MHS 401(k) [pre-tax and/or Roth] electives should be directed to the Human Resources Service Center either through the People Portal or by phone at ext. 4-2280*

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

(Please route signed form to Caring Coworkers Fund Representative Rachel Reis)

5. My Authorization (Required) *

I authorize Methodist 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.**



**JENNIE EDMUNDSON
FOUNDATION**

FOR OFFICE USE ONLY

- ___ Copy sent to HR – PTO gifts
- ___ FCC Spreadsheet updated
- ___ Check from Finance for PTO gifts deposited
- ___ Gift receipted in RE and letter sent to donor
- ___ Completed