

White Earth Reservation Tribal Council  
Human Resources  
**PTO Donation Form**  
Phone: (218)983-4646  
Fax: (218)983-4343

Receiver Info: PLEASE PRINT LEGIBLY

Name: \_\_\_\_\_ EMP ID: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

First Date Donation will be used: \_\_\_\_\_

Last Date Donation will be used: \_\_\_\_\_

I have attached supporting documentation supporting my need for Donation of PTO. I understand that my request will not be processed unless I have included supporting documentation.

\_\_\_\_\_  
Receiver Signature Date

\_\_\_\_\_  
Department Managers Signature Date

Donator Info:  
Name: \_\_\_\_\_ EMP ID: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Hours Donating: \_\_\_\_\_  
Minimum 8 Donators Authorizing Signature

\_\_\_\_\_  
Department Managers Signature

Benefits Associate's Verification

Eligible Short /Long Term Disability: Y/N

Applied for Short/Long Term Disability: Y/N Date Applied: \_\_\_\_\_

Receiver PTO Balance: \_\_\_\_\_

\_\_\_\_\_  
Benefits Associate Signature Date

\_\_\_\_\_  
Executive Directors Signature Date **Approved: Y/N**

Notes: \_\_\_\_\_