White Earth Reservation Business Committee

PTO Donation Request

Human Resources
Phone: (218)983-4646
Fax: (218)983-4343

For this request the employee should first refer to Policy Number 402 in the employee handbook. The employee making the request must be experiencing a qualify even as defined in the policy. Supporting documentation must be submitted, showing validity of the event.

Employee to Employee Donation: ☐ **Pool Donation:** ☐

Recipient Printed Name:_____ Emp. ID:_____

Recipient Phone:_____ Department:_____

Supervisor/Manager:_____ Business Phone:_____

Dates Donation will be applied to:_____ through:_____

_____ _____

Recipient Signature Date

_____ _____

Manager\Supervisor Signature Date

Donator Printed Name:_____ Emp. ID:_____

Donator Phone:_____ Department:_____

Supervisor/Manager:_____ Business Phone:_____

Hours Donating: _____

Minimum 8 Donators Authorizing Signature Date

_____

Department Managers Signature Date

Benefits Associate's Verification:

Recipient participating in short-term/long tern disability benefit: **Y/N**

Filed a claim for short-term/long-term disability: **Y/N** Claim Status: _____

PTO BALANCES: Recipient:_____ Donator:_____

_____ _____

Benefits Associate Signature Date