



Kiel Voluntary Vacation/PTO Donation Program Donor Form

PLEASE TYPE OR PRINT INFORMATION			
DONOR INFORMATION <i>(All fields are required)</i>			
DUKE UNIQUE ID #:		<input type="checkbox"/> Nonexempt (Biweekly) <input type="checkbox"/> Exempt (Monthly)	
Last Name:		First Name:	M.I.:
Dept/Org Unit Name:	Donor's Work Phone:	Org Key: <i>(Pay Point - 4 Characters)</i>	
Duke University <input type="checkbox"/> Duke University Health System <input type="checkbox"/> Durham Regional Hospital <input type="checkbox"/> Duke Raleigh Hospital <input type="checkbox"/>			
<i>My signature on this document certifies that I understand that:</i> <ul style="list-style-type: none"> It is my responsibility to read the provisions of the Kiel Voluntary Vacation/PTO Donation Program including frequently asked questions. Donations may not be rescinded in part or whole for any reason. 			
<i>Donations shall be kept confidential unless you authorize for your donation to be disclosed.</i> <i>If Recipient asks, do you desire recipient to know your name and donation?</i> Yes <input type="checkbox"/> No/Keep Confidential <input type="checkbox"/>			
NUMBER OF LEAVE HOURS TO BE DONATED (must be in four-hour increments)	Vacation: hours	PTO (Short-term Bank Only): hours	
I wish to donate my vacation/short term PTO to: Recipient <input type="checkbox"/> as indicated below Leave Pool <input type="checkbox"/>			
RECIPIENT NAME	Last Name:		First Name:
Recipient's Duke Unique ID:		Dept/Org Unit Name:	
Donor's Signature:		Date:	
SUPERVISOR AND PAYROLL REPRESENTATIVE INFORMATION FOR DONOR <i>(All fields are required)</i>			
Supervisor's Last Name:		Supervisor's First Name:	
Dept/Org Unit Name:		Supervisor's Work Phone:	
Supervisor's E-Mail Address:			
Supervisor's Signature:		Date:	
Payroll Representative Name:		Payroll Rep. Work Phone :	
Payroll Representative E-Mail Address:			
Payroll Representative's Signature:		Date:	
<i>Please send COMPLETED FORM to: Benefits, PO Box 90502, 705 Broad St., Durham, NC 27705 or faxed to 681-8774.</i>			



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Kiel Program Policy Summary for Donations

The Kiel Voluntary Vacation/PTO Donation Program allows employees the opportunity to donate accrued vacation or PTO Short Term Bank (STB) hours to fellow employees who have experienced a catastrophic illness or injury and who have exhausted all accrued time.

- Any eligible employee may donate their accrued vacation or PTO STB in 4-hour increments. Vacation or PTO not yet accrued may not be donated.
- Donations cannot exceed 50% of the donating employee's vacation balance (University and Medical Center) or PTO (STB) balance Duke University's Health System.
- Donations may be made before or during the recipient's period of absence. Donations may not be rescinded in part or whole to donors for any reason. Donations made to a recipient who has applied for disability benefits will not be refunded to donors even if the disability benefit is retroactively approved.
- Donors may specify a recipient or donate to the general leave pool.
- Donations shall be kept confidential unless the donor has signed a release of confidentiality indicating that their donation can be identified.
- The maximum amount of donations cannot exceed the period of absence for the approved medical event.
- Vacation or PTO donations will not be transferred from the donor to the recipient until all of the recipient's existing vacation/PTO hours have been exhausted.
- Recipients are only eligible to receive payment for donated hours after the end of their 4 week absence and after their paid time off has been exhausted. Off-cycle checks will not be issued.
- There can be up to a three-week period before donations are paid on a recipient's paycheck (please review the Kiel web site for more specific timeframes).