## 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.

- Donations cannot exceed 50% of the donating employee’s vacation balance (University and Medical Center) or PTO (STB) balance Duke University’s Health System. Sick leave and Long Term Bank PTO are not eligible to be donated.

- Donations may not be rescinded in part or whole to donors for any reason – For this reason it may be better to make multiple smaller donations rather than one larger donation.

- 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 and a Kiel Payment Request is received by HR Benefits or Pay Exception form is received by Payroll from the recipient’s department.

- Donations not used during a recipient's Kiel approved leave remain on file for a year from the donation date for use by the recipient should they go back out on a Kiel eligible leave.

- 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 made to a recipient who has applied for disability benefits will not be refunded to donors even if the disability benefit is retroactively approved.

- 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.

- Donors may specify a recipient or donate to the general leave pool.
# Kiel Voluntary Vacation/PTO Donation Donor Form

## PLEASE TYPE OR PRINT INFORMATION

**• STEP 1: Donor Information (All fields are required)**

<table>
<thead>
<tr>
<th>DUKE UNIQUE ID #:</th>
<th>Nonexempt (Biweekly)</th>
<th>Exempt (Monthly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td>First Name:</td>
<td>M.I.:</td>
</tr>
<tr>
<td>Dept/Org Unit Name:</td>
<td>Donor’s Work Phone:</td>
<td>Org Key: (Pay Point - 4 Characters)</td>
</tr>
</tbody>
</table>

- Duke University
- Duke University Health System
- Duke Regional Hospital
- Duke Raleigh Hospital

*My signature on this document certifies that I understand that:*

- Donations may not be rescinded in part or whole to donors for any reason – For this reason it may be better to make multiple smaller donations rather than one larger donation. ___ Initial Here
- 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 and a Kiel Payment Request is received by HR Benefits or Pay Exception form is received by Payroll from the recipient’s department. ___ Initial Here
- Donations not used during a recipient’s Kiel approved leave remain on file for a year from the donation date for use by the recipient should they go back out on a Kiel eligible leave. ___ Initial Here
- It is my responsibility to read the provisions of the Kiel Voluntary Vacation/PTO Donation Program on hr.duke.edu including frequently asked questions.

*Donations shall be kept confidential unless you authorize for your donation to be disclosed.*

If Recipient asks, do you desire recipient to know your name?

- Yes
- No/Keep Confidential

## NUMBER OF LEAVE HOURS TO BE DONATED (must be in four-hour increments)

<table>
<thead>
<tr>
<th>Vacation:</th>
<th>OR</th>
<th>PTO (Short-term Bank Only):</th>
</tr>
</thead>
<tbody>
<tr>
<td>I wish to donate my vacation/short term PTO to:</td>
<td>Recipient (as indicated below)</td>
<td>Leave Pool</td>
</tr>
</tbody>
</table>

**RECIPIENT NAME**

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recipient’s Duke Unique ID:</td>
<td>Dept/Org Unit Name:</td>
</tr>
</tbody>
</table>

**Donor’s Signature:**

**Date:**

**• STEP 2: *SEND THIS FORM TO YOUR DEPARTMENT PAYROLL REPRESENTATIVE FOR COMPLETION***

**• STEP 3: To be completed by Payroll Representative of the DONOR (ALL fields are required)**

<table>
<thead>
<tr>
<th>Payroll Representative Name:</th>
<th>Payroll Rep. Work Phone:</th>
</tr>
</thead>
</table>

*Payroll Representative E-Mail Address:

I understand the policies of the Kiel Voluntary Vacation/PTO Donation Program and certify that above donation does not exceed 50% of the donating employee’s vacation balance (University and Medical Center) or PTO (STB) balance (Duke University’s Health System).

Payroll Representative’s Signature: Date:

**• STEP 4: Please send completed form to: KIEL@DUKE.EDU or fax to 681-8774. Unsigned/Incomplete forms will not be processed.**