

Kiel Voluntary Vacation/PTO Donation Donor Form

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- **Donations may not be rescinded in part or whole to donors for any reason – For this reason it may be better to make multiple smaller donations rather than one larger donation.**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)			
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>	
<input type="checkbox"/> Duke University <input type="checkbox"/> Duke University Health System <input type="checkbox"/> Duke Regional Hospital <input type="checkbox"/> Duke Raleigh Hospital			
<i>My signature on this document certifies that I understand that:</i> <ul style="list-style-type: none"> • 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. 			
<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?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No/Keep Confidential			
NUMBER OF LEAVE HOURS TO BE DONATED (must be in four-hour increments)			
Vacation:	hours	OR	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:
• 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)			
Payroll Representative Name:		Payroll Rep. Work Phone :	
Payroll Representative E-Mail Address:			
<i>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).</i>			
Payroll Representative's Signature:			Date:
• STEP 4: Please send completed form to: KIEL@DUKE.EDU or fax to 681-8774. <u>Unsigned/Incomplete forms will not be processed.</u>			