Kiel Voluntary Vacation/PTO Donation Program 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.
- Donations may not be rescinded in part or whole to donors for any reason – For this reason it may be better to make multiple smaller donations rather than one larger donation.
- 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.
- 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 from the recipient’s department.
- 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 Program Donor Form

## PLEASE TYPE OR PRINT INFORMATION

### 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:</td>
</tr>
</tbody>
</table>

[Options for Duke University, Duke University Health System, Duke Regional Hospital, Duke Raleigh Hospital]

My signature on this document certifies that I understand that:
- I have read the Kiel Program Policy Summary for Donations on page 1 of this document.
- 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 may not be rescinded in part or whole for any reason.

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 and donation?
- Yes
- No/Keep Confidential

## NUMBER OF LEAVE HOURS TO BE DONATED

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

## PAYROLL REPRESENTATIVE INFORMATION of the DONOR (All fields are required)

Payroll Representative Name: Payroll Rep. Work Phone:

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:

Please send COMPLETED FORM to: kiel@duke.edu or faxed to 681-8774.