

**For Bellin Health & Bellin College
Employees Only
Payroll Deduction Authorization**

Employee Name _____ Date _____

Employee SS# _____

Employee Department _____

Amount of Donation \$ _____

Amount of Deduction Per Paycheck \$ _____

Starting this Date _____

Ending this Date _____

Employee Signature _____



**For Bellin Health & Bellin College
PAID TIME OFF (PTO) DONATION**

Thank you for donating Paid Time Off (PTO). To make your donation official, please complete and sign this form.

I, _____ would like to donate

_____ hours of Paid Time Off (PTO) to _____.

Signature

Date

Department



NOTE: The employee donating PTO hours must maintain a minimum balance of 80 hours in their PTO account **after** the donation.