



Caddo Nation PTO DONATION FORM

EMPLOYEE DONATING PTO			
PROGRAM/DEPARTMENT			
NUMBER OF HOURS DONATING		PAY PERIOD	
EMPLOYEE RECEIVING PTO			

I understand that I can only donate PTO that I have accumulated and my PTO balance will be decreased by the amount of donation stated above.

Donor Signature Date

Supervisor Signature Date

Tribal Administrator Signature Date

PLEASE NOTE: This is an official leave document authorizing the deduction of your accrued PTO. The HR Department will adjust your PTO to reflect your donation.

TO BE COMPLETED BY THE HR DEPARTMENT UPON RECEIPT

DONOR

CURRENT PTO BALANCE	
NUMBER OF HOURS DONATED	
BALANCE OF PTO	

RECIPIENT

CURRENT PTO BALANCE	
NUMBER OF HOURS DONATED	
NEW BALANCE OF PTO	

HR Reviewing Official Date