

GCCG-EA

EXHIBIT

PROFESSIONAL STAFF VOLUNTARY
TRANSFER OF ACCRUED
PAID TIME OFF (PTO)

DONATION OF PAID TIME OFF (PTO)

I voluntarily donation PTO time to Pinal County Schools PTO Donation Bank (PDB).

I understand that I may not revoke this donation once it has been credited to the PDB.

DONOR:

Name: _____ Social Security Number: _____

Department: _____ Hours to be Donated: _____

Signature of Donor

Sworn to before me by: _____
(Name of Donor)

This day of _____, 20_____

Notary Public's Signature: _____ Seal: _____

OFFICIAL USE ONLY:

Approved by: _____ Date: _____

Hours donated to bank: _____ (hours donated / \$20/hr)

Entered into System PTO Bank: _____ Date: _____