

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
MOUNT SINAI REHABILITATION HOSPITAL  
JOHNSON MEMORIAL HOSPITAL

**Earned Time Off (ETO) Foundation Donation Form (26-10b)**

**Guidelines:** Please complete this form and return it to the Foundation. Please note that only accrued and available ETO may be donated and you must be employed at least 90 days before such hours can be donated. A minimum of 80 hours worth of ETO (based on scheduled hours) must be maintained in your account balance after the donation is made. A maximum of two (2) times per year a donation may be made to the Foundation for general colleague giving as per the Foundation guidelines. Remember that once you transfer your donated ETO hours, you cannot reverse the action. ETO donations are calculated as follows:

**General Foundation Contribution:** A colleague who participates in the ETO donation program will select (in 8 hour increments) the amount of ETO hours to be donated. Once the request has been approved by Human Resources, it will be sent to payroll to process the ETO donation as a payroll check, deducting appropriate state and federal taxes. The Foundation will receive a donation for the net amount of ETO donated, which is the amount that is deductible for income tax purposes. The gross amount of the ETO donation will be considered income to the donor/colleague and will be included in their annual W-2.

I wish to donate a total of \_\_\_\_\_ hours of my accrued ETO to (enter number of hours to be donated to available funds; 8 hours minimum):

**Please designate this gift to:**

- Area of greatest need.
- The following program/areas: \_\_\_\_\_
- I would like to make this donation in addition to my current payroll deduction.

I acknowledge that this is completely voluntary on my part. Furthermore, I have read, understand and agree to all conditions and limitations listed within the ETO Donation policy as to the donation of Earned Time Off.

Colleague (Donor) Name                      Colleague Signature                      EEID#                      Date

***PLEASE SUBMIT TO THE SAINT FRANCIS FOUNDATION, 95 Woodland St. 2<sup>nd</sup> Floor, Hartford***

\*\*\*For Human Resources/ Benefits use only\*\*\*

Current Amount of Colleague's ETO	Amount of ETO requested to Donate (Must be Over 8 and Under 80)	Remaining ETO Balance (Must be > 80 hours of ETO)
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\_\_\_\_\_

Approval to donate ETO: \_\_\_\_\_ Date: \_\_\_\_\_

Sent for Payroll for Processing: \_\_\_\_\_

Saint Francis Hospital and Medical Center	Mount Sinai Rehabilitation Hospital
Saint Francis Medical Group, Inc.	Saint Francis Care Medical Group, P.C.
Saint Francis Behavioral Health Group, P.C.	Collaborative Laboratory Services, LLC.
Saint Francis Emergency Medical Group, Inc.	Saint Francis Health Care Partners, Inc.