

DONATING PAID TIME OFF (PTO LEAVE) TEMPORARY POLICY

PURPOSE: To provide assistance to associates who are unable to work due to COVID-19 isolation/quarantine deemed necessary by Olathe Health Employee Health Services, when associates have used all their accumulated PTO and Sick Hours.

1. DEFINITIONS:

PTO – Paid Time Off. Accumulated but unused PTO may be donated to another associate in the system.

Sick Hours– Paid time off for illness.

2. POLICY:

- a. Associate Contributions: Full-time and part-time associates who have accumulated PTO may contribute to another associate's PTO donation bank.
- b. Eligibility to apply for receipt of hours: Full-time and part-time associates may apply to receive donated PTO Hours under the following conditions:
 - i. All available Sick and PTO benefit hours have been used or expected to be.
 - ii. Associates receiving Worker's Compensation, Long Term Disability, Social Security or other disability benefits are not eligible for PTO donated hours.

3. PROCEDURE:

- a. Application: PTO donation form and application to receive donations may be obtained in the Human Resources office and on the Human Resources intranet website. The forms should be completed and returned to Human Resources. The Chief Human Resources Officer will make the ultimate determination on whether requests will be granted.
- b. Transfer of Hours: Once approved, Human Resources/Payroll will deduct the donated hours from the donor's record and add the donated hours to the recipient's respective PTO Hours bank.
- c. Restoration of Hours: Donated PTO Hours will not be restored to the donor's record under any circumstance, even if not used by the recipient.
- d. Hours Donated:
 - i. PTO: The maximum number of PTO that may be donated to one associate in a calendar year is 160 hours. The number of donated hours to be used per pay period will be the recipient's normal scheduled hours. The maximum number of hours that are donated to part-time associates will be the 160 hours prorated by the part time status (For example: .5 = 80 hours etc.).
 1. Donation Value: The value of the PTO donation will be the donor's base hourly rate in effect on the donation date multiplied by the number of hours donated. Shift differential is not included in the calculation of the donation value.
 2. Recipient Value: PTO hours paid to a recipient will be at the recipient's base hourly rate in effect on the payment date. All normal payroll taxes will be deducted.

e. Taxes: PTO Hours donated according to this policy are not tax deductible.

4. ADDITIONAL CONSIDERATIONS:

- a. Payments of donated hours will stop if the recipient terminates employment.
- b. When the need for donations cease, no additional donations will be contributed.
- c. In no case will hours paid through this program extend an associate's termination date or eligibility for associate benefits.
- d. If the associate terminates employment within six (6) months of receipt of donated PTO Hours, the associate must "pay back" the donated hours. This may include deduction from the associate's final pay check.

PROGRAM ADMINISTRATION:

1. Administration: This program will be administered by Human Resources.
2. Compliance: All time off requests under this program must still comply with OHSI time off policies (FMLA, Medical Leave of Absence, etc.) and donated hours will not extend the time off period as governed by policy.
3. Changes: Olathe Health reserves the right to change, modify or terminate this program at any time based on business needs or to comply with Federal, State or Local regulations. The President/CEO has the authority to modify and approve changes to the plan.

OLATHE HEALTH PAID TIME OFF DONATION
DURING COVID-19 PANDEMIC

(to be completed by associate wishing to donate PTO)

COMPLETE AND RETURN THIS REQUEST TO HUMAN RESOURCES:
20805 W. 151st Street, Doctor's Building Two, Suite 324. Olathe, KS 66061, FAX: 913-324-8555

Your Name and ID: _____

Department and Position: _____

Number of hours you wish to donate: _____

Name of Associate you wish to donate to: _____

(Please Print)

I have received and read the Temporary PTO donation policy and wish to donate PTO hours. I understand that donated PTO Hours will not be restored to the donor's record under any circumstance, even if not used by the recipient.

Your name: _____
(Please print)

Your signature: _____ Date: _____

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COMPLETE AND RETURN THIS REQUEST TO HUMAN RESOURCES:
20805 W. 151st Street, Doctor's Building Two, Suite 324. Olathe, KS 66061, FAX: 913-324-8555

Associate Name: _____ Associate ID: _____

Department: _____ Position: _____

I expect to be on an unpaid leave of absence from ___/___/___ to approximately ___/___/___.

I have received and read the Temporary PTO donation policy and wish to receive and use donated PTO hours. I have exhausted my available benefit time and I have limited, or no other resources to relieve my financial hardship. Signing this request form does not create an employment contract; I understand there is no promise that I will be employed for any period of time.

Associate Name (please print)

Date

Associate Signature

Please provide a brief explanation of the reason you are requesting PTO donations: