

ONA negotiations PTO fund



Bay Area Hospital Human Resources

ONA PTO DONATION FORM

I authorize the donation of the indicated number of PTO hours listed in the table below to:

Donation to ONA Fund: Negotiating team

Name of Employee Donating PTO Hours (PLEASE PRINT)	SIGNATURE OF EMPLOYEE	DEPARTMENT	Donate # PTO Hours	For HR Use Only

Human Resources Approval: _____ Date: _____