



**Sacred Heart Medical Center – ONA PTO Donation
Nurse Care Managers Negotiations**

Please Print Clearly

Date Submitted: _____

Employee Number: _____

Employee Name: _____

<input type="checkbox"/> _____ # of PTO hours I wish to donate.
» Fax this form directly to ONA at (503) 293-0013

I understand that by signing this election form and donating my future accrued PTO hours to the bargaining team, my PTO bank will be deducted and my pay reduced for taxes related to the gross value of those hours. I further understand the value of my donated PTO will not be included in my retirement eligible compensation, and that this PTO donation is non-revocable. I authorize the PTO deduction and attest to the understanding my personal tax implication for the donation and its impact on my retirement benefits.

Employee Signature: _____ Date: _____