



**REQUEST FOR DONATION OF  
PERSONAL LEAVE TIME (PLT)**

I, \_\_\_\_\_ (name of employee), am applying for the donation of Personal Leave Time (PLT) hours as provided under the policies of the PLT Donation Program for Community Options, Inc.

The following information is provided in support of my request for donation of PLT hours. This information will be reviewed by the assigned management staff of Community Options, Inc. as a means of determining my eligibility for the donation. If my request for donation of PLT hours is approved by the management of Community Options, I further give my permission for the management to release information related to this request to my fellow employees in order to solicit their donation. The released information may include name, job title, department, office location, expected return to work date, and reason for donation request.

<b>Employee Information</b>	
Name:	
Job title or position:	
Department:	
Office location:	
Expected Return to Work Date: (or other date that need will end)	
Reason for Donation Request: (employee should explain their situation including date when need started and why they are requesting help from fellow employees)	
<b>Supervisor Information</b>	
Supervisor's Name:	
Supervisor's Work Phone:	

Subject to the terms and conditions set forth in the company policy, I hereby voluntarily agree to accept the value of any PLT hours donated to me under this program. I understand this consent shall remain valid until I revoke said consent, in writing, or I become ineligible to participate in the PLT Donation Program. Further, I understand that donated PLT will be a monetary contribution and will not count toward the required minimum work hours.

\_\_\_\_\_  
Employee's signature \_\_\_\_\_  
Date

Approved by: \_\_\_\_\_  
Date