



# CONFLUENT HEALTH EMPLOYEE FOUNDATION APPLICATION FOR PTO GRANT

Please review the Paid Time Off Donation and Grant Policy prior to completing this form found on the website.

## SECTION 1: Employee Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Company: \_\_\_\_\_

Clinic or Office Location: \_\_\_\_\_

Clinic Director/Manager: \_\_\_\_\_

Supervisor's Email Address: \_\_\_\_\_

Month & Date of Employment: \_\_\_\_\_

## SECTION 2: Description of Medical Emergency

Please briefly describe the medical emergency or bereavement for which the PTO is being requested. Note: "Medical Emergency" means a serious illness or other medical condition of the employee or employee's family member that requires the employee to be absent for a prolonged period.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION 3: Approved Leave of Absence Documentation

Please attach your PTO approval email from your supervisor indicating the time off is approved. An email acknowledgment generated by the payroll system or general email is sufficient.

## SECTION 4: PTO Requested

I am requesting \_\_\_\_\_ hours of PTO at my current rate of pay before taxes and any deductions which is \_\_\_\_/hour.

A maximum of 60 hours may be requested. Attach your most recent pay statement which can be found at <https://secure.advancedpayroll.com/ta/APS5848.clock>. Click My Account, then My Pay Statements.



**SECTION 5: Acknowledgment**

I acknowledge that I have worked for a Confluent Health Company for at least 12 months and that I'm in an employee classification eligible for PTO. Furthermore, I understand that the PTO, if granted, may be taxable at my current rate of pay, and any current deductions for insurance premiums, if applicable, will be deducted from this PTO payment. I have exhausted all PTO or anticipate exhausting all PTO prior to or concurrent with PTO being granted.

For complete Policy and Procedure regarding PTO donations and requests, see the website under Paid Time Off Donation and Grant Policy.

Please sign and verify that the information is accurate to the best of your ability:

X \_\_\_\_\_ Date \_\_\_\_\_

All requests will be responded to in 5 business days or less unless otherwise notified.