2024 Storm Assistance PTO Donation

Asterisk (*) indicates the field is required.

*Е	mployee Name:
*E	imployee ID #:
*0	Daytime Phone:
M	ly PTO Gift:
Se	elect one or more of the following options:
a.	Please deduct hours from my PTO account and donate the net cash to Methodist Hospital Foundation.
b.	Please deduct hours from my PTO account and donate the net cash to Jennie Edmundson Hospital Foundation.
c.	Please deduct hours from my PTO account and donate the net cash to Fremont Health Foundation.
yo ou	f you participate in the MHS 401(k) [pre-tax and/or Roth), your regular deduction(s) will be taken from our sellback. If you do not want your regular deduction(s) to be taken from this sellback, you must opt it by checking the statement below. If this statement is not selected, your regular 401(k) deduction(s) ll be taken.
	I do not wish to have a MHS 401(k) Retirement Plan deduction from this sellback (will apply to both e-tax and Roth).
Ju	ne deadline to submit PTO donations to HR is May 24. Please note the PTO hours will be sold back to you on your ne 5, 2024 paycheck and reduced by the appropriate tax withholdings. The net proceeds will be donated to the nergency Assistance Fund of the Foundation you select above.
S	ignature required for completion:
	uthorize NMHS to deduct the net value of my PTO sellback from my paycheck and donate these proceeds to e Foundation selected above.
*E	Imployee Signature: