



PAYROLL DEDUCTION FORM
FOR DONATION OF
PERSONAL LEAVE TIME (PLT)

**Completed forms must be received at the TMH Foundation by
December 1 to be processed in current calendar year.**

Fax completed form to the TMH Foundation at 431-4483.

Colleague Name: _____
(Dr. Mr. Mrs. Ms. Miss)

Employee ID: _____

Department: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Fund Designation: _____

PLT Hours Donated: _____

Colleague Signature: _____

Date: _____

Colleagues please refer to HR Policy 45-604, #II K for maximum number of hours eligible for donation annually. The value of the hours donated is characterized as supplemental wages under IRS guidelines and is, therefore, subject to federal income tax. However, the donor may claim a federal income tax charitable deduction for said value -- if he/she itemizes deductions.

This space is for TMH Foundation office use only.

Faxed to Payroll on: _____ By: _____

Pay Code 0075 check cycle 4 / Deduct Code 5075

THANK YOU FOR YOUR SUPPORT

10/21/15