

Faulkner Hospital

Earned Time Donation Request Form

I, _____,
PRINT NAME

Employee ID number _____
would like to donate _____ hours(s) of my Earned Time for the
benefit of: Haitian Relief.

I understand that this donation will be considered part of my annual income,
and is taxable as such. Taxes will be withheld in my name from the total
amount of the donation and submitted to the appropriate taxing authority.

I am voluntarily choosing to donate these hours.

Employee Signature

Date