



Ardent Cares PTO Donation Form

The Ardent Cares Foundation has been established to provide monetary support to team members in times of crisis and natural disasters.

Through your generous donations, Ardent employees facing emergency hardship can receive help with medical, funeral and natural disaster bills.

SECTION A: to be completed by Donating Employee (Note: Executive-level employees are not eligible to donate PTO hours)

I wish to contribute _____ PTO hours to the Ardent Cares Foundation and hereby authorize that these hours be deducted from my PTO bank.

I understand that my donation of PTO will be treated for tax purposes the same as a PTO cash-out. The gross value of my donated PTO will be treated as wages paid to me and subjected to federal and state income tax withholdings. It will be reported to me on my Form W-2 as taxable wages. The cash value of my PTO donation, net of tax withholdings, will be donated to the Ardent Cares Foundation a federally tax exempt charity and I will be eligible to claim the net donation as a charitable donation on my tax return.

I acknowledge and understand that, by donating the PTO hours, I lose and waive any rights or entitlements to those PTO hours. I further acknowledge and understand that the donation of my PTO hours does not in any way constitute a guarantee of my employment and/or alter my at-will employment status with Ardent Health Services.

Donor Signature: _____ Date: _____

Donor Employee Number: _____ Contact Phone Number _____

Submit form to your local Human Resources Department for processing.

SECTION B: to be completed by Human Resources

Number hours: _____ Donor rate _____ Donor's total
Donated _____ X of pay \$ _____ = dollar amount \$ _____

Calculation made by: _____ Date: _____

Hours transferred by: _____ Date: _____

This form is to be maintained in the donating employee's Personnel Record. A copy will also be placed in the recipient's file.