

IAS

INSTITUTE FOR
ADVANCED STUDY

Compassionate Leave Donation Authorization

I, _____, would like to voluntarily donate _____ hours of Paid Time Off (PTO) to the IAS leave bank. I understand this leave will be provided to an employee who is approved to receive PTO from the bank.

I authorize _____ hours to be deducted from my PTO balance.

Employees signature: _____

Date: _____