

Voluntary Donation of Time
Mission Partner Authorization for Donation of Vacation and Holiday Time



OSF HEALTHCARE
Foundation

Instructions for Donation of Paid Benefit Time:

When a gift of Paid Benefit Time is made, taxes must be withheld.

The net amount after all deductions is a charitable contribution that may be tax deductible – please consult your tax preparer.

Please note: A Mission Partner must maintain a minimum number of Vacation and Holiday Time equivalent to two (2) times their regularly scheduled hours per week (FTE), after the donation.

Please send questions and completed form by e-mail to: Jacob.D.Sexton@osfhealthcare.org
OR Interdepartmental mail to: Foundation – OSF HealthCare Ministry Headquarters

Thank you for supporting the Mission!

Employee Authorization for Donation of Paid Benefit Time

Name: _____

Work Phone: _____

Employee ID #: _____

Department: _____

I wish to contribute the following to OSF HealthCare Foundation (minimum 8 hours Vacation and Holiday Time):

_____ hours

I understand that these hours will be deducted from my available Vacation and Holiday Time.

I understand that donations are limited to two times per calendar year.

I understand that all gift designations are subject to review by the OSF Foundation.

It is preferred that donations be given for OSF to use where and in the manner it is needed most, however, if you prefer to designate this gift to a specific OSF facility or purpose, please designate that here:

Please use this gift as follows: _____

Signature: _____

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**OSF HEALTHCARE
Foundation**

For OSF Foundation Use Only:

Date Sent to Payroll:

Sent to:

Initials:

Fund ID:

Campaign:

Appeal:

For OSF Payroll Use Only:

Approval Date:

Pay Period:

Deduction Code(s):

Initials:

Benefits Amount:

*Please submit both pages, page two will be completed by the OSF Foundation and Payroll.