Southwestern Health Resources
Texas Health Resources | UTSouthwestern Medical Center

Helping Hands Fund
Request for PTO

Please complete this form and turn in to your entity Human Resources Department.

Employee Name (Print)	Employee ID	Entity & Cost Center Number
Telephone	Mailing Address	

The Helping Hands Fund is intended to provide employees with PTO where they have exhausted all of their PTO bank and Sick Bank and still need time away from work due to critical illness or other catastrophic event.

- The Helping Hands Fund is not intended to act as an income replacement fund or to help employees in non-critical, non-catastrophic situations.
- 80 hours is the maximum number of hours and employee can be granted by the committee per year.
- Helping Hands requests for PTO can only be considered for the current pay period and cannot be paid for past pay periods or saved for future pay periods.

I request to be given _____ hours of Paid Time Off ("PTO") from the **Southwestern Health Resources Helping Hands Fund**.

I am requesting PTO from the Helping Hands Committee because (please include nature of situation):

_____

_____

_____

PTO Hours received from the Helping Hands Committee will allow me to:

_____

_____

_____

_____

How much time off do you anticipate you that will need? _____

How much time off have you taken in the past six months for this situation? _____

Note: Medical documentation should NOT be attached to this request.

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I understand:

- My request for PTO will be reviewed by the Helping Hands Committee. The Committee will allocate PTO to employees based on guidelines established for this fund. The Committee will consider such factors as the employee's financial condition, nature of the employee/family member's critical illness or catastrophic event, estimated length of absence from work, the amount of PTO requested and the amount of PTO available in the Fund for allocation to employees;
- I cannot receive more PTO than the time I need off from my regular work schedule;
- I will be referred to EAP to help me identify other community resources and services that may be of additional help to me; and
- The PTO I receive, if any, will be paid to me via payroll check, subject to tax withholding and other regular payroll deductions [e.g., 401(k) deductions].

By signing below, I certify that I meet ***each*** of the following requirements to receive PTO from the SWHR Helping Hands Fund:

- I am benefits-eligible (i.e., I regularly work a minimum of 48 hours per pay period and am classified as "benefits-eligible" in PeopleSoft);
- I have been employed for at least 90 days;
- I have exhausted all other means of help, including using all my PTO;
- I am not currently receiving or eligible to receive income benefits from another source (i.e. short- or long-term disability benefit, Workers Compensation or sick leave);
- I have NOT given away work shifts to other employees (confirmed by manager's signature below);
- I have NOT received more than 80 hours of PTO from the Helping Hands Fund during this calendar year (including the above amount requested);
- I have demonstrated the need for additional unpaid time away from work will create a financial hardship for me, and my family, if applicable;
- I am in good standing and am NOT under any type of corrective action (confirmed by manager signature below)

I understand that I may be contacted by a Southwestern Health Resources Employee Health Nurse for certification or clarification of any medical or mental health condition related to the situation described in the request. I understand that such information related to the medical or mental health condition that is provided to the Employee Health Nurse will remain confidential and will not be shared with the Helping Hands Committee. I understand that failure to provide the information requested may result in my request being denied.

Employee's Signature _____ Date _____ Supervisor's Signature _____