



EXHIBIT B

CONFLUENCE HEALTH

**AUTHORIZATION TO TRANSFER PTO
TO PTO DONATION PROGRAM**

Employee Name: _____ Employee #: _____

Department: _____ Company: _____

I hereby authorize _____ hours of paid leave to be transferred from my paid time off (PTO) to the shared PTO Donation bank.

NOTE: Maximum hours that may be transferred is 40 hrs per calendar year. The employee is required to have a minimum balance of 40 hrs in his/her paid time off (PTO) account follow the transfer of hours into the shared leave bank.

Employee's Signature: _____ Date: _____

Revision Date: 10/16/2021

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