



JOHNS HOPKINS
M E D I C I N E

JOHNS HOPKINS HEALTH SYSTEM CORPORATION
THE JOHNS HOPKINS HOSPITAL

**JHHSC/JHH
PTO HOURS TRANSFER
AUTHORIZATION**

I elect to transfer _____ hours* of my PTO / VACATION to _____
in my functional unit. I understand that this is totally voluntary. Once these hours are transferred, they
cannot be transferred back to me and no other current or future remuneration will be given to me.

Employee's Name

Department

Social Security #

Employee's Signature

Date

APPROVAL:

Department Manager/Director

Department Vice President

Vice President, Human Resources

HR Service Center/Benefits

*Minimum of 8 hours, maximum of 80 hours during any six (6) month period.