

**MONTGOMERY COUNTY ESD #4**

**PTO POOL DONATION REQUEST**

Today's Date: \_\_\_\_\_

Employee Donation is **FROM**: \_\_\_\_\_

Employee Donation is **TO**: \_\_\_\_\_

Total number of Hours Donated: \_\_\_\_\_

SUPERVISOR'S COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_

APPROVAL: \_\_\_\_\_ YES      \_\_\_\_\_ NO

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FIRE CHIEF'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NOTE: ANY QUESTIONS REGARDING THIS POLICY WILL BE FOUND IN SOP 314 – PTO POOL**