

# DONATING UNUSED TIME-OFF TO CATASTROPHIC ASSISTANCE & RELIEF FOR EMPLOYEES (CARE) PROGRAM

FORM X-4580 (REV. 12-20)

| TIME-OFF DONATION  |                        |               |
|--|------------------------|---------------|
| <b>To Be Completed by Employee Making A Donation</b>   |                        |               |
| DONOR EMPLOYEE NAME (First, MI, Last)  | DONOR EMPLOYEE SAP NO. | CO. MAIL STOP |
| PHONE NO.  | WORK / PERSONAL EMAIL  |               |
| OPERATING CO.  | SUPERVISOR'S NAME      |               |
| <p><b>Donation</b> – I have read and understand HR Policy 602, Catastrophic Assistance and Relief for Employees (CARE) and I voluntarily donate my _____ (year) unused time off hours to the CARE program, including national major disasters:</p> <p> <input type="checkbox"/> Earned Vacation Hours _____<br/> <input type="checkbox"/> Banked Vacation Hours _____<br/> <input type="checkbox"/> Frozen Vacation Hours _____<br/> <input type="checkbox"/> Deferred VPAD Hours _____<br/> <input type="checkbox"/> VPAD Hours _____<br/> <input type="checkbox"/> PAD Hours _____<br/> <input type="checkbox"/> PTO Hours _____<br/> <input type="checkbox"/> Purchased PTO Hours _____<br/> <input type="checkbox"/> Deferred PTO Hours _____<br/> <input type="checkbox"/> Other, _____ Hours _____                 </p> <p>I authorize FirstEnergy to reduce my PTO/vacation balance by the above stated number of hours and understand I have forfeited my right to these vacation hours.</p> <p><i>Confidentiality of requests for donation of unused time-off hours will be maintained by the Benefits group in the Human Resources Department and the CARE Committee, with the exception of action necessary to provide assistance to employees.</i></p> |                        |               |
| DONATING EMPLOYEE SIGNATURE  |                        | DATE          |

Distribution – Send completed application to Corp HR-Benefits at [hrrservice@firstenergycorp.com](mailto:hrrservice@firstenergycorp.com) or fax to 330-374-6217.