



M - List: Hurricane Harvey – “Time to Give”

I WANT TO HELP MY COLLEAGUES: M-LIST

Employees can now use their I CARE in Action hours to provide support to their colleagues and to community members who are now residing in shelters and are in need of general assistance around the city. Full time employees are able to use up to 8 hours of I CARE in Action volunteer time and part time employees can use up to 4 hours of volunteer time to help our city recover. Utilizing your allotted I CARE in Action hours will not impact your PTO bank.

Please use the M-List to assist fellow employees in need. If you are giving your time to help a fellow Houston Methodist colleague with home repairs, moving or flood cleanup of their home, please take this form with you on the day you are supposed to provide assistance. Make sure you have the employee that you are assisting, sign the form and then return it to your direct supervisor to receive I CARE in Action credit.

If you have questions, contact hrrhub@houstonmethodist.org or icareinaction@houstonmethodist.org

Manager Instructions:

Ensure that CARES pay code is only submitted for volunteering at approved M-List activities by reviewing this completed and signed I CARE In Action (Hurricane Harvey –M List) Volunteer Form provided by the requesting employee before the end of the pay period in which the volunteer hours occurred. Ensure that employees are paid correctly by coding the time and attendance system with the appropriate CARES code in a timely manner and in accordance with Policy HR 68 then retain this form in the department file for one calendar year.

Houston Methodist is proud to support employees interested in donating their time and talents to help their fellow colleagues during these difficult times.

- ❖ First Name: _____ MI: _____ Last Name: _____
- ❖ Job Title: _____ Department: _____
- ❖ Entity: _____ HM Email: _____
- ❖ Preferred Phone: (*circle one*) Work Home Mobile Work: _____
- ❖ Date of Volunteer Event: _____ Time Started: _____ Time Ended: _____ Total Hours: _____
- ❖ Please indicate the type of “Time Given”:

- Home Repair
- Home Cleanup
- Help Moving
- Other (Please describe below)

I hereby certify that all of the above is true and correct.

HM Employee Signature: _____ Date: _____

Employee Receiving Support Signature: _____

Manager Signature: _____ Date: _____