

Request for Donated Leave

For use when requesting donated leave only.

Employee Full Name

Department or Agency

Employee Identification Number

Please briefly describe the circumstances involving a serious illness or injury to yourself or a covered family member that has resulted, or will result, in your absence of more than ten (10) consecutive workdays (at least five (5) of which have been without pay). Include the start date for the absence. **Please also attach Medical Certification Form or document from your treating medical provider.**

If possible, please provide an anticipated return-to-work date: _____

Have you applied, or intend to apply for, PERS Disability Retirement? ☐ Yes ☐ No

Are you receiving or eligible to receive workers' compensation? ☐ Yes ☐ No

Do you currently have an FMLA request on file or approved? ☐ Yes ☐ No

I hereby certify that this request for donated leave is due to the above-referenced circumstances and because my other available leaves have been exhausted prior to this request. I understand that use of any leave donated to me will temporarily place me in an active pay status, and that any sick and vacation leave accrued while in active pay status will be used before resuming use of donated leave. My signature below also gives the Department of Human Resources permission to notify other employees that I have circumstances that qualify for donated leave. However, the specific reasons for the request shall not be included in this notification.

Employee Signature

Date

Please return your completed request to the Department of Human Resources or your Department or Agency's Personnel Officer.

Human Resources Use

Date Received:

Eligibility checked: Employee is: ☐ Eligible ☐ Not Eligible

Notification of Request to Departments on: _____

Medical Certification Attached: ☐ PO Initials: _____