



## HUMAN RESOURCES DONATED LEAVE REQUEST FORM

Employee Name \_\_\_\_\_ EE ID#: \_\_\_\_\_

Division/Section Name and Number \_\_\_\_\_

### Leave Request

I am requesting leave for

Medical Reason

Non-Medical Reason

Beginning Date of Leave \_\_\_\_\_ to End Date of Leave \_\_\_\_\_

Your request can be for up to one year (additional below). You may re-apply after it expires.

On a  Continuous Basis or  Intermittent

I, the undersigned, have read and understand the donated leave policy, Article 1-50-100. I attest that I am benefit eligible, have been employed for at least six (6) months and have exhausted all appropriate leaves. **I understand that I may not use donated leave until all other accrued leaves are exhausted.**

Donated leave shall be ended upon the employee's full release to work for medical reasons. Those using Donated Leave for non-medical reasons may use Donated Leave through their return date. If an employee is out of work full-time and Donated Hours have not been received by Payroll for a full pay period, Donated Leave will close and employee must request Leave Without Pay to continue to be absent.

I agree to notify the Human Resources Division of any changes to the leave as requested above.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Approval Signatures

Supervisor \_\_\_\_\_  Approved  Denied – Reason: \_\_\_\_\_

Section Head \_\_\_\_\_  Approved  Denied – Reason: \_\_\_\_\_

Division Director \_\_\_\_\_  Approved  Denied – Reason: \_\_\_\_\_

Human Resources \_\_\_\_\_  Approved  Denied – Reason: \_\_\_\_\_

### Human Resources Use Only

Added to Human Resources webpage Date \_\_\_\_\_

Sent out email notification Date \_\_\_\_\_

Sent email to Payroll Date \_\_\_\_\_