



Application for Donation of Leave Program

Applicant Information

Applicant Name: _____ Employee I.D. #: _____

Job Title: _____ Department: _____

Pay Frequency: Monthly Bi-Weekly Rate of Pay: ANNUAL PER HOUR

APPLICANT: has has not applied for Disability Retirement Benefits. If application has been made, applicant understands NO leave will be advanced.

MEDICAL INFORMATION: Applicant must have medical documentation attached to this application stating beginning date, expected ending date, diagnosis, prognosis and physician's signature.

Please provide a brief description of Hardship:

Leave Information

Current Leave Balance(s): Annual Sick Personal

The above statements are certified true and accurate. The applicant agrees to the public release of his/her name to assist management's efforts to collect donated leave.

1. Use of donated leave is limited to the average number of hours worked in the employee's weekly schedule.
2. Donated leave may not be used to supplement state-paid benefit program(s) (i.e. Disability leave and/or Worker's Compensation)

Applicant Signature: _____

Date: _____

Supervisor Endorsement

Date Paid Leave will be exhausted: _____

I Do or Do not recommend approval of this application based upon the hardship as described by the applicant.

I DO NOT recommend approval for the following reason(s):

Supervisor's Signature: _____

Date: _____

Human Resources Review

Human Resources Signature : _____

Date: _____

Vice President For Administration & CFO: _____

Date: _____

APPROVED: YES NO

Privacy Act Statement

AUTHORITY: Public Law 103-103, U.S.C. 6332, Title 5 and EO 9397.

PRINCIPLE PURPOSE: Used primarily by management and the payroll office to identify records properly associated with the leave transfer program. May also be disclosed to a national, state, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law, rule, or regulation; or to another agency or court when the government is part of a suit. Employee I.D. is used for positive identification.

ROUTINE USES: None

DISCLOSURE: Disclosure is voluntary. However, failure to do so may prevent proper administration of the Donation of Leave Program.