

CENTRAL STATE UNIVERSITY

VOLUNTARY LEAVE DONATION PROGRAM

LEAVE RECIPIENT APPLICATION FORM

DATE _____

I. APPLICANT INFORMATION

Name: _____ (LAST) (FIRST) (M.I.) (SSN)

DEPARTMENT: _____

JOB TITLE: _____ RATE OF PAY \$ _____ PER ANNUM [] 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.

SELF [] FAMILY MEMBER []

If FAMILY MEMBER, please state relationship: _____

Please provide a brief description of Hardship:

II. LEAVE BALANCE

ANNUAL LEAVE: _____ # HOURS

SICK LEAVE: _____ # HOURS

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

Applicant's Signature: _____ Date: _____

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

III. SUPERVISOR ENDORSEMENT

Date all Paid Leave will be exhausted: _____

I **Do** [] **Do not** [] recommend approval of the employee's absence from the work place.

I **Do** [] **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: _____

IV. HUMAN RESOURCE'S REVIEW

PERSONNEL: _____
(Signature) (Date)

VICE PRESIDENT
ADMINISTRATION AND FINANCE: _____
(Signature) (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. SSN is used for positive identification.
ROUTINE USES: None
DISCLOSURE: Disclosure is voluntary. However, failure to do so may prevent proper administration of the leave transfer program.