



# 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.