



## HUMAN RESOURCES

### DONATED LEAVE REQUEST FORM

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

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

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I am requesting leave for a:

- Medical Reason
- Non-Medical Reason
- COVID Related Reason\* -  Medical (illness) or  Non-Medical (childcare)

\*Information related to COVID will NOT be shared, but is necessary to determine what type of leave may be donated to you.

Dates of leave: Start date \_\_\_\_\_ to End date \_\_\_\_\_

Type of leave requested:  Continuous  Intermittent

*I, the undersigned, have read and understand the donated leave policy. 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.*

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

Employee Signature \_\_\_\_\_

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Approvals:

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

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

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

HR \_\_\_\_\_  Approved  Denied – Reason \_\_\_\_\_

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HR Use Only:

- Added to Donated Leave webpage
- Email notification sent to employees
- Email Payroll