

COMPASSIONATE LEAVE DONATION PROGRAM

REQUEST TO RECEIVE DONATED SICK LEAVE

As I have used all accrued vacation and sick leave hours, I am requesting a donation of _____ sick leave hours be applied to my sick leave balance (cannot exceed 80 hours per calendar year). This request is being made because of my own serious medical condition or the serious medical condition of _____ (immediate family member). I understand that any donated hours not used will be returned to the pool.

I meet the requirements of the Compassionate Leave Donation Program as outlined in the Staff Handbook and have previously submitted all required documentation and certifications to Human Resources.

Print Name

Date

Signature

Supervisor's Signature

Date

Human Resources Approval