



# APPLICATION FOR DONATED SICK LEAVE —CONFIDENTIAL—

The Director of Human Resources has the authority to approve or deny requests for waivers of the County's Sick leave policy to allow qualifying employees to receive donated sick leave from other employees. Please note:

1. the Sick leave policy will be waived only to deal with a life-threatening medical condition which is experienced by any person for whom the employee could take sick leave under the sick leave policy, except the employee and
2. the employee must first have exhausted all of her or his own sick leave, vacation leave, floating holidays, and compensatory time off.

This application will assist the Director of Human Resources in the review of requests for donated sick leave. The application must be filled out by the employee and then forwarded to the employee's supervisor for completion of the Supervisor Section. The supervisor will then forward the application to the Decision Maker for review. Please do not hesitate to contact the Human Resources Benefits staff or your Human Resources Generalist for assistance.

The Decision Maker must review and forward to the Benefits Manager or designee all applications for donated sick leave. The Benefits Manager will recommend to the Director of Human Resources whether or not the County's Sick leave policies should be waived in order to allow the requested donation of sick leave. The Director of Human Resources will make a final decision on any request.

## Employee Section

Date: \_\_\_\_\_ Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

I am currently unable to work due to a life-threatening medical condition currently being experienced by a person for whom I could take sick leave for under the sick leave policy.  Yes  No

I have (or will soon have) exhausted all applicable forms of paid leave  Yes  No

I am requesting \_\_\_\_\_ hours of donated sick time.

I have attached medical documentation outlining the basis for this application.  Yes  No

## Supervisor Section

Supervisor Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Do you recommend approving this request for donated sick leave?  Yes  No

If No, please explain:

## Decision Maker Section

Leave balances at the time of this request:  Vacation Hours  Sick Hours

I  authorize  do not authorize this employee to request donated sick leave from the Director of Human Resources.

Number of hours requested:

\_\_\_\_\_  
Decision Maker Signature

\_\_\_\_\_  
Date