



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 Director of Human Resources for review. Please do not hesitate to contact your Human Resources Generalist for assistance. 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.

Please explain how your family member's condition is life-threatening and expected continuation (how long you think this event will occur):

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

Will leave taken be continuous or intermittent: Continuous Intermittent

Employee Signature

Date