



LEAVE DONATION REQUEST FORM

The following information is to be completed by the employee requesting donated leave and returned to the Human Resources Department. All requests for leave donations are subject to approval in accordance with the Town's Personnel Policies and Procedures and applicable law.

EMPLOYEE INFORMATION:

Name		Department	
Hire Date		Supervisor	

TYPE OF LEAVE:

Check One	<input type="checkbox"/> FMLA <input type="checkbox"/> Administrative (medical purposes)	Check One	<input type="checkbox"/> Serious health condition (employee) <input type="checkbox"/> Serious health condition (immediate family member)
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Donation Period starting on _____ and ending on _____.

EMPLOYEE REQUIREMENTS: (PLEASE READ)	HR USE ONLY
A. Employee must have exhausted all accrued paid leave balances that they are eligible to use.	<input type="checkbox"/> Yes <input type="checkbox"/> No Vacation balance: _____ Sick leave balance: _____ Personal balance: _____
B. Employee has applied for any other available compensation and benefits that they may be eligible to receive under disability insurance coverage provided by the Town, such as workers' compensation and short- and long-term disability.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Eligible
C. In the past 24-month period, employee has performed the essential functions of their position, with or without reasonable accommodation, for a period of time equivalent to 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

Human Resources will review the request to ensure the employee's eligibility. If the employee is eligible, the Human Resources department will then post the request for donated leave. The identity of donating employees will be kept confidential.

Employees must submit a new request form for each FMLA leave or administrative leave for medical purposes during which the employee desires to receive and use donated leave.

I have read the employee requirements listed above. I understand that any leave donations will be used on an as needed basis and not automatically deposited into my leave balance. I authorize Human Resources to post a notice of my request for leave donations.

Employee Signature: _____ **Date:** _____