

Employee Donation of Time Request Form

Type of Request: Initial Request Request Extension Request

Leave of Absence Type: Is this a leave of absence (LOA) due to a workers comp. injury (accepted wc claim only)? Yes No

If approved donation of time request, where do you want the request to be sent? Employees in my Dept. only Employees County wide Other (specify) _____

Date: _____

Employee Name: _____ Employee No.: _____

Department: _____

Job Title: _____ Bargaining Unit: _____

Employee Hired Date: _____

Phone Number(s) & e-mail to contact employee during LOA _____

Please explain the reason(s)/justification for the donation of time request & Financial hardship (attach additional sheets if necessary).

Please list any sources of additional income you may be receiving during your LOA including SDI, AFLAC, UNUM, PORAC; workers comp, Paid fam leave, TTD benefits; etc. (If you have been denied for any of these benefits include a copy of denial notice)

NOTE: Attach justification/proof for the request including approved LOA form, Medical Certification, copy of most recent check stub, accruals report. If applies include copy of Short term disability denial form(s) (such as SDI, AFLAC, UNUM, PORAC, 4850, workers comp.;etc.) Failure to submit proper documentation, will result in a denial of the request.

Employee Signature: _____ Date: _____

Department Head approval: _____ Date: _____

Human Resources & Risk Management

Verification of Documents Submitted: Approved LOA HIPPA form
 Medical Certif. Disab. Ins Denial
 Check Stub Other _____
 Accr. Report

Comments: _____

Meets Criteria: Yes No
 SDI Bene. coord only

Max. hrs to be used per pay period: _____

Comments: _____

Effective Date: From: _____ To: _____

HR Reviewed By: _____ Date: _____

Recommended: Yes No

 Director of Human Resources & Risk Management

Date: _____

Request Approved

Request Denied

 County Executive Officer

Date: _____

Comments: _____ Date: _____