# PENNSYLVANIA STATE SYSTEM OF HIGHER EDUCATION
REQUEST TO RECEIVE LEAVE DONATIONS

## RECIPIENT

Name of Recipient: __________________________

Personnel Number: __________________________

University: __________________________

Department: __________________________

I have used paid/unpaid leave for the following listed absences due to my, or my family member's, catastrophic illness/injury:

I am requesting donations of ________ days to cover future absence(s) that will exceed the 20 workdays of absence used for this reason.

This leave will cover the period from ___________ to ___________.

☐ A Serious Health Condition Certification is attached to this request.

If leave donation is approved, the Human Resources Office will inform university/Office of the Chancellor employees that you or your family member have a catastrophic illness/injury and donations may be accepted. The nature of the illness will not be divulged.

☐ Check here to authorize the Human Resource Office to announce that you are approved for leave donations. The nature of the illness will not be divulged.

Recipient Signature: __________________________

Date: __________________________

## HUMAN RESOURCE OFFICE

Check all that apply:

☐ Recipient is a permanent employee.

☐ In the past six month period, the recipient has not:
  --been placed on a written leave restriction
  --received a written reprimand related to attendance
  --received a suspension related to attendance

☐ The absences listed above were for the recipient or family member’s catastrophic illness/injury.

☐ The absences were not due to a work-related illness/injury.

________________  Recipient’s years of service

________________  Date when all accrued annual, sick, personal, holiday, and compensatory leave and all anticipated annual and sick leave was exhausted (as appropriate for an employee or family member).

☐ approved  ☐ disapproved

Up to ________ hours of annual and personal leave may be donated.

HR Director Signature: __________________________

Date: __________________________

12/7/05

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