



REQUEST FOR SICK LEAVE DONATION FORM

PART 1 -[To be completed by requestor]



REQUEST FOR SICK LEAVE DONATION FORM

Office of People and Culture Use:

If this request is unrelated to a request for FMLA, please attach a statement from the attending healthcare provider or valid COVID-19 testing and vaccination documentation. Please include expected date of return to work.

This request is:

Approved

Not approved

Has not been employed fulltime for 12 continuous months and request is not COVID-19 related

Has not exhausted all sick days and/or has more than 40 hours of vacation time accrued

Does not meet the definition of a serious health condition under FMLA

Work-related illness/injury

Has not provided requested medical documentation

Supervisor's comments

Other

Office of People and Culture Signature

Date

Copy sent to Payroll on