

Application to Receive Donated Sick Leave

Employee Information

Employee Name: _____

Position: _____ Division: _____

Reason for Request

☐ Employee's own serious health condition (as defined under FMLA)

☐ Serious health condition of an immediate family member (as defined under FMLA)

Anticipated Return to Work Date: _____

Notification of Need for Sick Leave Donation

The Court will notify Common Pleas General Division employees of the need for sick leave donations.

☐ I consent to the disclosure of my identity to court employees for the purpose of requesting donations on my behalf.

☐ I request that my identity not be disclosed to court employees for the purpose of requesting donations on my behalf. I understand that my identity will be shared for administrative purposes and remain confidential to the extent reasonable and practicable.

Employee Acknowledgment & Certification

I acknowledge that I meet the eligibility requirements of the Sick Leave Donation Policy. I understand that all accrued sick, vacation, and compensatory time must be exhausted before donated sick leave may be applied. I further understand that approval of this request is discretionary, not guaranteed, not subject to grievance or appeal, and may be revoked. I certify that the information provided is true and complete and understand that any misrepresentation may result in disciplinary action.

Employee Signature: _____ **Date:** _____

Court Administration Use Only

Employee #: _____ Medical documentation submitted ☐ Yes (date: _____) ☐ No

Eligibility Verified: ☐ Yes ☐ No

Signature: _____ Date: _____

☐ Administrative Coordinator

Approved: ☐ Yes ☐ No

Authorized Signature: _____ Date: _____

☐ Court Administrator ☐ Assistant Court Administrator