REQUEST TO RECEIVE LEAVE DONATION

Employee Name _____Department _____Hire Date _____

I am requesting _____ days of paid sick leave.

I shall be taking a medical leave of absence between the dates of _____ and _____.

1. _____I certify that this leave is medically necessary for myself. Attached is a statement from my doctor attesting to the reasons for my disability and the approximate length of time that I will be out of work.

Or:

_____ I certify that this leave is medically necessary for my _____(spouse, parent, child). Attached is a statement from my family member's doctor attesting the reasons for my relative's disability and the approximate length of time that I will be out of work serving as the primary caregiver to this family member.

2. I certify that I have met all requirements to request assistance. I certify that I have **already exhausted** all other types of paid leave, including sick leave, annual leave, or PTO.

3. I understand that if I leave County employment or return to work on a full-time basis, any unused donated leave will be returned to the donor.

4. I agree to one or both of the following statements (check one or both to indicate agreement):

   _____ I am responsible for soliciting leave donations; and/or

   _____ I consent to a representative soliciting leave donations on my behalf. I understand that confidential information will be kept confidential.

_____

Employee Signature Date

By signing the Request to Receive Leave Donation Form, the participant (employee) acknowledges that he/she has read the Leave Donation Policy. The participant (employee) understands, agrees, and acknowledges that any entitlement to benefits will be limited by and determined in accordance with the express provisions of the Leave Donation Policy without the right of appeal. Each participant (employee) indemnifies and holds harmless, the Baldwin County Personnel Director, the Baldwin County Commission, and all employees, directors, officials, representatives, former employees, and insurers for any claim, action, cause of action or demand of whatever nature arising out of or related to any claim for income under the Leave Donation Policy including, but not limited to, decisions made in the administration of the policy, other than benefits expressly provided for in the written Leave Donation Policy provided.

BALDWIN
COUNTY, ALABAMA

REQUEST TO RECEIVE LEAVE DONATION

DEPARTMENT HEAD COMMENTS

_____
_____
_____
_____
_____
_____

Signature of Department Head _____ Date _____

SICK LEAVE RECOMMENDATION AND DECISION

The Personnel Department decision concerning the above employee's request for donated leave days is as follows:

_____ The request is approved by the Personnel Department.
_____ The request is approved by the Personnel Department e, but for _____days.
_____The request is denied by the Personnel Department for the following reason:
_____
_____
_____

Signature of Personnel Director _____ Date _____