*Please complete all of the information below and submit this form to the Human Resource Development Department.*

## FORM 2-1 A APPLICATION FOR DONATED LEAVE

Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Department

Total Number of Vacation Leave Hours Requested

**Medical Documentation of Serious Health Condition**:

[ ]  Please use FMLA Certification

[ ]  I am supplying Medical Certification for non-FMLA request

**Notification**: Individual employees are free to inform others that they are going to be absent and have exhausted all leave accruals. However, departments and individuals must not put pressure on employees to donate.

1. If my Application for Donated Leave is approved, I plan to communicate my request for donated leave through:

[ ]  a personal request from me

[ ]  the following employee who I authorize to communicate on my behalf ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If an authorized employee is communicating my request for donated leave on my behalf, I authorize the following statement to be used to describe my request:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If an authorized employee is communicating my request for donated leave on my behalf, I authorize them to communicate with the following employees:

[ ]  Department employees only [ ]  All Town of Chapel Hill employees

**Amount of Requested Leave**: The amount of leave requested by the employee shall correlate to the amount of leave that has been approved for the employee’s medical condition and the amount of leave the employee has available to them to use. Donated Leave equivalent to up to 30 average work days may be received and used within a 12 month period. The period is calculated beginning on the first day that donated leave is used for an event. Donated leave may not be used to extend an employee’s time in leave status beyond a date that the employee is expected to return to work.

Approved leave period \_\_\_\_\_\_\_\_\_\_\_\_

HRD Evaluation of Donated Leave Request Amount:

Sick Leave Balance \_\_\_\_\_\_\_\_\_\_\_\_

Vacation Leave Balance \_\_\_\_\_\_\_\_\_\_\_\_

Comp Time Balance \_\_\_\_\_\_\_\_\_\_\_\_

Leave Donation Request \_\_\_\_\_\_\_\_\_\_\_\_

Leave Donation Balance \_\_\_\_\_\_\_\_\_\_\_\_

**Employee Signature**: This is to request participation in the Town of Chapel Hill’s Donated Leave program. I am requesting donated leave because either I, or an immediate family member have experienced a serious health condition that requires my absence from work.

Requesting Employee’s Signature/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Upon approval HRD will notify the recipient employee, their immediate supervisor, the Department Head and payroll.*

**HRD Section**

Employee has completed 6 month probationary period [ ]  Yes [ ]  No

Employee has provided medical documentation to verify
medical eligibility for donated leave [ ]  Yes [ ]  No

Amount of requested leave correlates to the amount of leave
the employee is approved for and how much paid leave the
employee currently has at their disposal to use while on
approved leave. [ ]  Yes [ ]  No

HRD Partner Approval Signature/Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_