Employee Donation of Time Request Form

Type of Request:	***Initial Request Request*** ☐		***Extension Request*** ☐	
Leave of Absence Type:	***Is this a leave of absence (LOA) due to a workers comp. injury (accepted wc claim only)?***	***Yes*** ☐	***No*** ☐	
If approved donation of time request, where do you want the request to be sent?	***Employees in my Dept. only*** ☐	***Employees County wide*** ☐	***Other (specify)_____***	
If approved donation of time request, do you wish to include your name on notification to employees?	***Include Name*** ☐	***Employee ID Only*** ☐		

Date:		
Employee Name:		Employee No.:
Department:		
Job Title:		Bargaining Unit:
Employee Hired Date:		
Phone Number(s) & e-mail to contact employee during LOA		
Please explain the reason(s)/justification for the donation of time request & Financial hardship (attach additional sheets if necessary).		
Please list any sources of additional income you may be receiving during your LOA including SDI, AFLAC, UNUM, PORAC; workers comp, Paid fam leave, TTD benefits; etc. (If you have been denied for any of these benefits include a copy of denial notice).		

NOTE: Attach justification/proof for the request including approved LOA form, Medical Certification, copy of most recent check stub, accruals report. If applies include copy of Short term disability denial form(s) (such as SDI, AFLAC, UNUM, PORAC, 4850, workers comp.;etc:) Failure to submit proper documentation, will result in a denial of the request.

Employee Signature:		Date:
Department Head approval:		Date:

Human Resources & Risk Management

Verification of Documents Submitted:	Approved LOA ☐ HIPPA form ☐ Medical Certif. ☐ Disab. Ins Denial ☐ Check Stub ☐ Other_____ Accr. Report ☐	Comments:	
Meets Criteria: Yes ☐ No ☐ SDI Bene. coord only ☐	Max. hrs to be used per pay period:	Comments:	
Effective Date:	From:	To:	
HR Reviewed By:			Date:
Recommended: Yes ☐ No ☐			
	Director of Human Resources & Risk Management		Date:
Request Approved ☐ Request Denied ☐			
	County Executive Officer		Date:
Comments:			Date: