



Douglas County, Nebraska

REQUEST TO RECEIVE DONATED LEAVE

DONATED LEAVE PROGRAM

INSTRUCTIONS: The employee or individual applying on behalf of the employee completes the label section. After completing, the form needs to be provided to the employee's Elected Official/Department Head who completes their labeled section. The Elected Official/Department sends the completed form to Human Resources, 505 Civic Center, for final review.

TO BE COMPLETED BY EMPLOYEE OR INDIVIDUAL ON BEHALF OF EMPLOYEE

I hereby request to receive donated leave under the Douglas County's Donated Leave Program. I certify that 1) I am a non-probationary employee, 2) unable (expect to be unable) to perform duties due to my own serious health condition (not job related), or due to the serious health condition of my: parent spouse, or child, 3) have been authorized to be absent from work due to this health condition, 4) do not have sufficient accrued vacation and sick leave for this absence, 5) will have 80 or more hours of Leave Without Pay (LWOP) in addition to the depletion of my accrued vacation and sick leave balances, and 6) have provided a medical certification form to Human Resources certifying the nature of the serious medical condition.

Employee Name: _____

Primary Phone #: _____

Job Title: _____

Department: _____

Accrued/unused leave balance as of last pay period: Vacation: _____ Sick: _____

Choose only ONE of the following four options:

Employee authorizes advertisement of his/her name, position, department, and a description of the health condition in a posted notice. **Provide description to be advertised:**

Employee authorizes advertisement of **name, position, and office.**

Employee authorizes advertisement of **position and office.**

Employee does **NOT** want any advertisement, as he/she has knowledge of interested donors and will notify the donors when eligibility is established.

I understand and agree to the terms of the Donated Leave Policy. Specifically, I understand that there are no guarantees as to the number of hours of donated leave which will be provided, that the maximum donated leave at any one time is 480 hours, that donated leave shall not exceed the hours needed, and that due to the voluntary nature of donations all donor identities must remain confidential.

Employee/Individual Applying on Behalf of Employee

Date

Printed Name of Individual Applying on Behalf of Employee

Phone #

ELECTED OFFICIAL / DEPARTMENT HEAD REVIEW

Elected Official / Department Head Review

I certify that 1) the employee has been/will be granted approved absence due to his/her request, 2) the personal health condition is not job related, and 3) the employee has or is expected to accumulate 80 or more hours of Leave Without Pay (LWOP) due to this health condition in addition to depleting his/her earned vacation and sick leave balances.

I have reviewed the information provided, and the employee is eligible to receive donated leave. Approve Disapprove

Elected Official/Department Head

Date

If disapproving, why? _____

List date employee accumulated/will accumulate 80 hours of LWOP: _____

SECTION 3 – TO BE COMPLETED BY HUMAN RESOURCES

Human Resources: Approve Disapprove

Human Resources Director/Designee

Date