

DONATED LEAVE PROGRAM
REQUEST TO PARTICIPATE
(To be completed by employee or family member of employee requesting leave)

EMPLOYEE NAME _____

DEPARTMENT _____

REQUESTED BY: _____
(Employee or family member applying for employee)

Note: Please, attach medical documentation concerning nature, severity and anticipated duration of leave. (Medical documentation will be kept confidential and will be maintained the Employee's individual medical file)

I hereby:

_____ consent to the posting of my name and department on bulletin boards in other County Departments.

_____ do not consent to the posting of my name and department on bulletin boards in other County Departments.

(Employee or Family Member Signature)