



# SARPY COUNTY

## CATASTROPHIC ILLNESS LEAVE DONATION REQUEST FORM

(CLASSIFIED EMPLOYEES EXCLUDING F.O.P. NON-SWORN)

### EMPLOYEE INFORMATION

**Completed by the employee or an authorized individual acting on the employee's behalf**

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

Department: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Request:  Employee's health  Immediate family member's health

If family member, please provide name: \_\_\_\_\_

Family member relationship:  Spouse  Child  Parent

If Child, Date of Birth: \_\_\_\_\_

Donation Source:  Department  County-wide

Donation Email:  Employee  Department Head  HR

Disclose specifics pertaining to the nature of the health condition?  Yes  No

**Check ALL boxes below as acknowledgement.**

I respectfully request vacation/sick leave donations as outlined in the Personnel Rules and Regulations: Rule 12: Types of Leave; Regulation 4: Catastrophic Illness Leave Donation Program.

I understand I must fulfill a 'waiting period' of ten consecutive work-days before using donated leave.

I understand I must exhaust ALL paid leave prior to using donated leave.

I understand that I must submit to the Human Resources Department, along with this form, medical certification unless current FMLA medical certification is on file.

I understand that if I choose to disclose specifics pertaining to the nature of the health condition that I will be required to provide written authorization to the Human Resources Department.

I have read, understand, and I agree to the requirements and provisions of the Catastrophic Illness Leave Donation Program.

\_\_\_\_\_  
Employee/Authorized Individual Signature

\_\_\_\_\_  
Date

If employee did not sign form, please indicate below your relationship to the employee and any phone number(s) where you may be reached:

\_\_\_\_\_

### HUMAN RESOURCES USE

Request received: \_\_\_\_\_

Medical certification received:  Yes  No

Leave benefits verified:  Yes  No

Determination:  Approved  Denied

\_\_\_\_\_  
Human Resources Director

\_\_\_\_\_  
Date