



Unified Government Human Resources Guide

Effective: 6-8-07

Request for Donated Sick Leave

Section I : Requesting Employee Information Section (To be completed by requesting employee)

Date of Request: _____

Recipient First Name: _____ Recipient Last Name _____

Department _____ Job Title _____ Employee ID# _____

Date of Hire _____

Is your position affiliated with a bargaining unit (union)? Yes No

If yes, please indicate name of union: _____

**Note: Donated Sick Leave Guidelines may differ by employee/union group.*

I am requesting Donated Sick Leave due to the following reason:

- My own Serious or Catastrophic Health Condition (Note: Qualifying health conditions may differ by employee group)
- For a permitted Family Member's Illness (For FOP4 and FOP 40 employees only)

Indicate the relationship of the permitted family member for which you are requesting sick leave donations: _____

Please indicate the nature of the illness for which you are requesting sick leave donations*:

What is the anticipated duration of absence needed due to this serious health condition:

From: _____ To: _____
(Begin Date) (End Date)

***Note: Please attach supporting medical documentation of your need for Donated Sick Leave from the attending duly licensed Health Care Practitioner.**

I hereby affirm that the information above is true and correct to the best of my knowledge and understand the Unified Government of Wyandotte County/Kansas City, KS may contact the attending health care practitioner or other necessary parties for verification and/or clarification of the information supplied on this application.

Employee Signature

Date



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Section II : Employee Eligibility Verification Section (To be completed by Department Head or Timekeeper)

- 1. Is the requesting employee currently on Worker’s Compensation Injury Leave?
 Yes No
- 2. Has the requesting employee been suspended or placed in the “Excessive Use of Sick Leave” category for violation of the Sick Leave policy in the previous 12 month period?
 Yes No
- 3. Has the requesting employee accumulated at least 120 hours of sick leave in his/her sick leave bank prior to his/her illness?
 Yes No

Department Head Signature

Date

Section III : Human Resources Verification and Approval (To be completed by Human Resources)

Employee Group/Union Group as indicated in Payroll System_____

Date of hire as indicated in Payroll System_____

Does the employee meet the minimum years of service requirement of 5 years?

Yes No Not Applicable DOH_____

Human Resources Designee

Date

=====

Employee’s Request for Donated Sick Leave is:

Approved Denied

If denied, indicate reason: _____

Director of Human Resources

Date