

**MONTGOMERY COUNTY REQUEST FOR DONATED SICK LEAVE**

This form is to be used by employees with a catastrophic illness or injury to make application for donated FMLA leave hours; it should be sent to the Human Resources Director, Administrator of the program, as far in advance as is practicable under the circumstances. A current completed Certification of Health Care Provider documenting the need for leave must be on file with the Employee's Request for Leave.

**SECTION I: TO BE COMPLETED BY THE REQUESTING EMPLOYEE**

_____ Employee's Name and Employee Number	_____ Department
Last day employee will physically be at work	_____
Expected date of return (if known)	_____
_____ Signature of Requesting Employee	_____ Date

**SECTION II: TO BE COMPLETED BY THE SICK LEAVE POOL ADMINISTRATOR**

The employee is \_\_\_\_ is not \_\_\_\_ eligible based on his length of service and/or documentation.

Employee has made a current year donation: Yes \_\_\_\_ No \_\_\_\_

The request is \_\_\_\_ is not \_\_\_\_ approved.

Reason for denial, if applicable \_\_\_\_\_

Date employee will exhaust all paid leave \_\_\_\_\_

Maximum number of hours approved \_\_\_\_\_ (may be reduced if not supported by follow-up documentation or circumstances change)

_____ Signature of Pool Administrator	_____ Date
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