

JEFFERSON COUNTY COMMISSION

Leave Donation Request Form



Employee Information

Employee Name: _____

Department/Position: _____

Hire Date: _____

Phone / Email: _____

1. Request for Donated Leave

I am requesting approval to receive donated leave due to a qualifying medical hardship:

- My own serious health condition
- Serious health condition of my immediate family member (as defined under FMLA)

2. FMLA Status

- I have been approved for FMLA leave.

Date FMLA began (or will begin): _____

Amount of FMLA leave remaining (if known): _____

3. Leave Exhaustion Verification

- I have exhausted all accrued annual leave.
- I have exhausted all accrued sick leave.
- I have exhausted all compensatory time.

OR

- I anticipate exhausting all accrued leave by: _____

I understand that donated leave may only be used after all accrued leave balances have been exhausted.

4. Acknowledgments

By signing below, I acknowledge and understand that:

- Donated leave will run concurrently with approved FMLA leave and does not extend FMLA entitlement beyond the statutory 12-week limit.
- The maximum amount of donated leave I may receive is 480 hours within a rolling 12-month period, unless otherwise approved.
- Donated leave is provided as a payroll mechanism and does not constitute leave I have earned.
- I will only accrue annual or sick leave while in paid status. If I utilize leave without pay, accruals will cease until employee returns to paid status.
- Donated leave does not count toward retirement service credit or any benefit tied to earned leave.
- Donated leave has no cash value and any unused donated leave will be forfeited.
- Eligibility to receive donated leave does not alter performance expectations or disciplinary standards.

I certify that the information provided is true and accurate to the best of my knowledge.

Employee Signature/Date: _____

For HR Use Only

Date Request Received/Reviewed: _____

Minimum One-Year Employment Requirement Met: Yes No

FMLA Approved: Yes No

Good Standing Verified: Yes No

All Leave Exhausted / Verified: Yes No

480-Hour Rolling Cap Reviewed: Yes No

Approved

Denied

If denied, reason: _____

HR Representative Signature/Date: _____