



DOUGLAS COUNTY BOARD OF COMMISSIONERS

PERSONNEL/HUMAN RESOURCES DEPARTMENT

APPLICATION FOR DONATED LEAVE

Employee (to receive donated leave) Name

Employee Number

Department Name and Number

Salary Grade/Step

Sick Hours Accrued: _____ Sick Hours Used: _____

Vacation Hours Accrued: _____

Reason Donated Leave is Needed (Continue on separate page if necessary):

Certification from one or more Physicians, Licensed Practitioners, or other Experts Attached*:

*If already approved for FMLA, we have your physician's information.

Yes No - If No, explain why and when it will be submitted:

Employee's Signature

Date Requested

Department Director/Manager's Signature

Date Approved

Director of Human Resource's Signature

Date Approved

Please note:

**ALL REQUESTS ARE SUBJECT TO APPROVAL;
APPLICATION OF REQUEST DOES NOT GUARANTEE APPROVAL.**

06/2012