



DEPARTMENT OF EMPLOYEE RELATIONS

8/3/2022

REQUEST TO USE DONOR LEAVE
Accrued Time-Off Donor Program

Please complete this form for each instance of donated leave requested and submit to your departmental payroll office. A new request form is to be completed for each pay period in which donor leave is requested unless used in a continuous block. Donor leave may only be used once all available accrued time off has been exhausted. You will be notified whether your request is approved or denied. Please contact your departmental payroll office to confirm your leave balances. Donor leave may only be used once you have been approved for participation in ATODP by the Department of Employee Relations.

EMPLOYEE INFORMATION

Form with fields: Name, Department, Division, Job Title, PeopleSoft ID #, E-Mail, Home Phone, Mobile Phone.

TYPE OF LEAVE

Form with checkboxes for Donor Leave for Employee's Own Serious Health Condition and Donor Leave to Care for Family Member with a Serious Health Condition. Includes fields for Name of Family Member, Address, and Relationship to Employee.

Indicate Spouse, Son or Daughter

AMOUNT OF LEAVE REQUESTED

Table with columns for Donor Leave 943, From, To, Total Hours, and List the Date/Month/Year.

EMPLOYEE CERTIFICATION AND SIGNATURE

I hereby certify that the information given is true and correct to the best of my knowledge. I understand that misrepresentation of the reason for leave or any of the facts supporting the need for leave may result in denial of the leave and disciplinary action up to and including discharge:

Signature and Date lines.

Employee Signature

Date

- Reviewed by Departmental HR on
Reviewed by Supervisor on
Payroll File