



# DOUGLAS COUNTY BOARD OF COMMISSIONERS

## PERSONNEL/HUMAN RESOURCES DEPARTMENT

## APPLICATION FOR DONATED LEAVE

**Employee (to receive** donated leave) Name

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**Employee Number**

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Department Name and Number

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### 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:

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Employee's Signature

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**Date Requested**

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Department Director/Manager's Signature

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**Date Approved**

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Director of Human Resource's Signature

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**Date Approved**

## Please note:

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

06/2012