



# SARPY COUNTY ILLNESS DONATION REQUEST FORM

## EMPLOYEE INFORMATION

**Completed by the employee or an authorized individual acting on the employee's behalf**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

Type of Request:  Employee's health  Immediate family member's health

If family member, please provide name: \_\_\_\_\_

Family member relationship:  Spouse  Child  Parent  Self

Donation Source:  Department  County-wide

Donation Email:  Employee  Department Head  Anonymously by HR

*I respectfully request vacation/sick leave donations as outlined in the Personnel Rules and Regulations: Rule 12: Types of Leave; Regulation 4: Illness Leave Donation Program.*

- *I understand that I must submit to the Human Resources Department, along with this form, medical certification unless current FMLA medical certification is on file.*
- *I understand that if I choose to disclose specifics pertaining to the nature of the health condition that I will be required to provide written authorization to the Human Resources Department.*
- *I have read, understand, and I agree to the requirements and provisions of the Illness Leave Donation Program.*

\_\_\_\_\_  
Employee/Authorized Individual Signature Date

If employee did not sign form, please indicate below your relationship to the employee and any phone number(s) where you may be reached:

\_\_\_\_\_

## HUMAN RESOURCES USE

Request received: \_\_\_\_\_ Medical certification received:  Yes  No

Leave benefits verified:  Yes  No Determination:  Approved  Denied

\_\_\_\_\_  
Human Resources Director Date