

Leave Donation Request Form

Please complete the requested information below with your immediate supervisor.

Davis Behavioral Health established a leave donation program to help employees experience a hardship, serious health condition, or medical emergency and have no accrued sick or vacation leave of their own to use. Examples include protracted illness of the employee or immediate family member, severe injury to the employee or an immediate family member, or other similar catastrophic events. This policy is intended to allow employees to elect to provide additional support to an employee for a definable period of time until long-term disability or some other source of income can come into effect.

Employee Information

Employee Name:		Date:	
Job Title:		Current Status:	
Department:		Location:	
Supervisor's Name:			
Leave Balances:	Vacation:	Sick:	

Leave Donation Request

I request up to _____ days of donated leave through the Davis Behavioral Health leave donation program.

Purpose of donation:

The leave associated with this donation request will begin on _____ and end on _____.

I understand that I may only use the donated days for the above-stated purpose and that any unused leave will be returned to the donating employees.

Employees must exhaust all personal accrued leave before leave donations will be available for use.

Leave donation requests are reviewed by the DBH Executive Leadership Team (ELT) and approval/denial is communicated by the Human Resources Department.

Employee Signature	Date	Supervisor Signature	Date
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For HR Use Only

Request:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied		Date Recipient Notified:	
				Date of Donation Request:	
Donated Hours Received:					