

Leave Donation

GEORGIA DEPARTMENT OF HUMAN RESOURCES
REQUEST TO SOLICIT LEAVE DONATIONS

Name of Employee _____ Employee ID# _____

Work Location _____ Work Phone Number _____

Division/Office/Facility _____

I request to solicit and receive donated leave from other DHR employees for my use as sick leave due to the following:

- _____ Personal illness or disability, **or**
- _____ Care of _____ (name of family member/dependent), who is my
 - Child
 - Spouse
 - Parent
 - Brother/Sister
 - Other Legal Dependent

I understand that in order to solicit leave donation, the attending health care provider MUST provide a medical statement supporting the need for absence. As evidenced by my signature below, I authorize the release of information from the attending health care provider concerning (1) my medical care and/or treatment, or (2) the medical care and/or treatment of my child, spouse, parent, brother, sister or other legal dependent to my employer.

Signature of DHR Employee or Employee's Designee

Date

Name of Employee's Supervisor

Date Request Received

Name of Approving Manager

Date Request Received

_____ **Request Approved** _____ **Request Denied**

Signature of Approving Manager

Date

NOTE: A medical statement supporting the need for absence must be submitted with this request.