VOLUNTARY EMPLOYEE SICK LEAVE DONATION PROGRAM

Thank you for your interest in the Voluntary Employee Sick Leave Donation Program. Employees who earn Sick and/or Vacation leave, but have exhausted their available balance and are experiencing a **major** medical emergency, illness, accident or injury (for themselves or their spouse or legally dependent child), may apply for this program.

In order to have your request for time published, the following two forms must be completed:

- Request for Voluntary Employee Sick Leave Donation (MIS Form 362)
- Physician Statement document the employee or family member's serious health condition (MIS Form 307)

Once complete, forward both forms via email to myleaves@pasco.k12.fl.us. Forms may also be hand-delivered to the Leaves Administration Section, HREQ.

Important Program Time Frames:

- ❖ **All requests for voluntary sick leave will be processed effective the date of receipt. All donated time will be applied upon exhaustion of paid leave but will not be applied retro-actively.** The earliest date that time may be applied, if eligible, begins on the date that the request form was received by Leaves Administration.

- ❖ Leave Administration will include in its weekly distribution any requests for which it has received the completed forms by 5:00 pm. Friday of the previous week.

- ❖ Donations will be processed for the next available pay period following receipt of donation.

Additional information on this program is available in the "Program Overview" document located at http://www.pasco.k12.fl.us/ebarm/leaves_administration.

Questions regarding this program may be directed to Leaves Administration at myleaves@pasco.k12.fl.us or 813-794-2981 or 2391.

Request for Voluntary Employee Sick Leave Donation
Office for Human Resources and Educator Quality
7227 Land O' Lakes Boulevard, Land O' Lakes, Florida 34638

Please type or print clearly.
To be completed by employee.

School Board Policy and the Collective Bargaining Agreements provide for a Pasco County Schools employee to request donation of sick leave from another employee provided that he/she will be absent for a qualifying reason (cannot be used for personal leave charged to sick leave), and he/she has used all of his/her paid sick and/or vacation leave.

To request sick leave donation, complete this form and submit it along with the ***Certification of Health Care Provider*** *(Physician's Statement)* to Leaves Administration in HREQ.

Today's Date _____

Employee's Name: _____   _____
                              LAST   FIRST   MIDDLE   EMPLOYEE ID# *or* LAST 4 DIGITS of SSN

Mailing Address: _____   **City:** _____   **State:** _____   **Zip:** _____

Home Phone # (____) _____   **Cell Phone # (____)** _____   **Email** _____

Work Location: _____   **Job Title:** _____   ◯ **Inst.** ◯ **Noninst.** ◯ **Admin.**

Five (5) criteria for eligibility:

1. Must have one or more *continuous* service in the District.
2. Must have exhausted all accrued and credited paid leave, including vacation.
3. Must complete and submit all required forms and supporting documentation via email to myleaves@pasco.k12.fl.us *or* hand-deliver to the Leaves Administration Section, HREQ.
4. Must have a documented *major* medical emergency, illness, accident or injury (or a spouse or legally dependent child with same).
5. Must **not** have received formal discipline for attendance in the previous twelve (12) months.

Please check the following basic eligibility criteria:

YES   NO

◯   ◯   1. I have one or more *continuous* years of service with the District.

◯   ◯   2. I have exhausted all my accrued paid time.

◯   ◯   3. I have completed the necessary paperwork and submitted it to the Leaves Administration Section, HREQ.

◯   ◯   4. I have a documented *major* medical emergency, illness, accident or injury (or a spouse or legally dependent child with the same).

◯   ◯   5. I have **not** received formal discipline for my attendance in the previous twelve (12) months.

Please indicate the following:

YES   NO

◯   ◯   I would like to have the medical diagnosis listed on the email sent to my fellow employees.

◯   ◯   I would like my request emailed District-wide. If no, the request will only be sent to my worksite listed above.

NOTE: Additional information may be required to process your request.

_____   _____   _____
Anticipated dates of absence   Employee signature   Date