



## Leave Donation Request Form

The Leave Donation Bank assists regular full- and part-time staff (exempt or non-exempt) who experience a hardship, serious health condition, or medical emergency and have no sick, personal or vacation time of his/her own to use. Examples include serious health condition of the employee or an immediate family member, hardship, or death of family member, as defined in the Leave Donation Bank Policy. The bank is funded by voluntary, non-coerced donations from active salaried and hourly staff.

Recipients may receive up to one-third the total amount of time in the Leave Donation Bank as of the date requested, subject to eligibility requirements.

Employees with less than one fiscal year of service may apply for time from the leave donation bank after 90 days of service for a maximum of the value of five (5) days in that first fiscal year, only after all vacation, personal, sick and bank leave time has been exhausted.

Employees with one or more fiscal years of service may apply for time from the leave donation bank once per fiscal year, for a maximum of the value of twenty (20) days per fiscal year, only after all vacation, personal, sick and bank leave time has been exhausted.

I request up to \_\_ day(s) from the Marywood University Leave Donation Bank for the following purpose:

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I request that my leave begin on Begin Date and end on End Date. I understand that I may only use the donated days for the above-stated purpose and that I will return any unused days to the Leave Donation Bank so other employees may use them.

I have attached medical documentation if applicable, and will provide other documentation as requested. Employees who request time must use all of their vacation, personal, sick and bank time before applying to the Leave Donation Bank.

Human Resources will review each case and consult with the appropriate supervisor and vice president. Employees will be notified in writing of the decision.

Documentation Attached

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date of Consult with Supervisor:	
Date of Consult with VP:	