

# SICK LEAVE REQUEST FORM

When a bargaining unit member has exhausted all paid leave they may make a request for other bargaining unit members to donate sick leave, provided that the employee is not also applying for Paid Leave Oregon. A bargaining unit member must have a minimum of eighty (80) hours of sick leave remaining after a donation. Leave donated becomes the award of the recipient. Any unused leave will not return to the donor, but will carry forward with the awarded recipient. Requests for donation will be made using the Sick Leave Request Form in accordance with OSEA Chapter 160 CBA: Article 10.B: Sick Leave Donation.

This form is located: on the website under Resources/Employees and on the forms wall inside the school

Directions:

1. It is the responsibility of the employee to complete Section 1 of the Sick Leave Request Form
2. The employee must then submit the form to Human Resources for verification of a qualifying event.
3. Once eligibility has been determined; Human Resources will submit the form to the Union President
4. The Union President will send an email out to all Union Members on the employees' behalf and CC Human Resources
5. Eligible members whom wish to donate sick leave need to contact Human Resources to obtain a *Sick Leave Donation Form* (Eligibility to donate to the requestor will be determined at the time of request for the donation form)

**SECTION 1: to be completed by requesting employee:**

Printed Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ I have not applied for Paid Leave Oregon  
Initial here

Brief explanation of reason for request (to be disclosed in the unions email to bargaining unit members):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this request form, I understand that should I be eligible, that I am authorizing the Union President to send an email notification to other Union members requesting leave donations on my behalf, for the reasons stated above.

\_\_\_\_\_  
Employee Signature

**Once section 1 is completed please turn form into Human Resources**

**SECTION 2: ELIGIBILITY to be completed by Human Resources/Payroll**

Hire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date LWOP began: \_\_\_\_/\_\_\_\_/\_\_\_\_

Leave hrs Used to date:	Hrs	Hrs	Hrs	Hrs
	PTO	Other leave types	Sick Leave	Total combined hours used to date

\_\_\_\_\_ Requester is ELIGIBLE \_\_\_\_\_ Requester is NOT Eligible to receive sick leave donations for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
Human Resources Signature

Form emailed to the Union President and Employee on: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Director Signature