



DONATED SICK LEAVE - EMPLOYEE REQUEST FORM

Employee Name: _____

Department: _____ **Phone Number:** _____

General Information:

To be eligible to draw from the Donated Sick Leave Bank, an employee must be on an approved leave under the Family and Medical Leave Act for his/her own serious health condition or the serious health condition of a qualified family member, and have exhausted all of his/her own paid time off. A maximum of thirty (30) days may be drawn in one calendar year, and a maximum of sixty (60) days may be drawn in any three (3) year consecutive period. Additional details are in the Personnel Policy Manual; you may also email HR@knoxcountymaine.gov with any questions.

I am requesting paid time from the Donated Sick Leave Bank for the following:

- My own serious health condition (leave is qualified under the Family Medical Leave Act).
- The serious health condition of an immediate family member (leave is qualified under the Family Medical Leave Act).

I anticipate needing Paid Time Off for the following days (please indicate dates as well as the number of hours):

Date(s)	Number of Hours

Any additional information:

Signature: _____ **Date:** _____

Approved By:

Andrew L. Hart, County Administrator

Date: _____