**Request to Receive**

**Leave Donations**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PART I: TO BE COMPLETED BY RECIPIENT** | | | | | | | | | |
| Recipient’s (your) Name | | | | | | | Personnel Number | | |
|  | | | | | | |  | | |
| Agency | | | | | | Work Location/Building | | | |
|  | | | | | |  | | | |
| **For absences due to a family member, state the following:** | | | | | | | | | |
| Family Member’s Name | | | | | | Relationship to Recipient | | | |
|  | | | | | |  | | | |
| **Recipient Statements:** | | | | | | | | | |
| A *Serious Health Condition Certification* form and *Medical Condition Certification to Receive Leave Donations* form are attached.  Donated leave will be used to cover unpaid absences due to my own or my family member’s catastrophic/severe injury or illness. | | | | | | | | | |
| If my request is approved, my human resources office is authorized to solicit leave donations on my behalf from employees within my agency. The catastrophic/severe injury or illness will not be divulged.  I authorize the Office of Administration to solicit leave donations from employees in other agencies under the Governor’s jurisdiction if needed. The catastrophic/severe illness or injury will not be divulged.  My relatives below are commonwealth employees willing to donate leave and should be solicited. I understand they must submit a [***Request to Donate Leave Form***](https://www.hrm.oa.pa.gov/Leave/forms/Documents/leave-donation-request.pdf) to the person listed on the solicitation email.   |  |  | | --- | --- | | **Relative’s Name** | **Relative’s Agency** | |  |  | |  |  | |  |  | | | | | | | | | | |
| Recipient’s Signature | | | | | | Date | | | |
|  | | | | | |  | | | |
| **PART II: TO BE COMPLETED BY HUMAN RESOURCE OFFICE** | | | | | | | | | |
| Recipient is a permanent employee.  The absences were not due to a work-related injury or illness.  In the past six-month period, the recipient **has not**:  ● ***been placed on a written leave restriction***  ● ***received a written reprimand related to attendance***  ● ***received a suspension related to attendance***  The recipient used all accrued and all anticipated leave for the current leave calendar year, per the applicable labor agreement. | | | | | | | | | |
| **I recommend:** | | | | **Begin Date** | | **End Date** | | **Total Days** |  |
| Approval  Disapproval | | | |  | |  | |  |  |
|  | | | | | | | | | |
| Human Resource Director/Designee Signature | | | | | | Date | | | |
|  | | | | | |  | | | |
| **PART III: TO BE COMPLETED BY OFFICE OF ADMINISTRATION** | | | | | | | | | |
| Approved  Disapproved | | | | | | | | | |
|  | **Begin Date** | **End Date** | **Total Days** | | Reason: | | | | |
|  |  |  |  | |  | | | | |
|  | | | | | | | | | |
| Secretary of Administration/Designee Signature | | | | | | Date | | | |
|  | | | | | |  | | | |