

St. Petersburg College

Request Use Of Donated Leave Form

This form is to be used only by SPC Budgeted Employees who have:

- Completed a minimum of one year of credited service at SPC, and
- Provided a Medical Certification Form indicating the serious health condition, and
- Exhausted all forms of leave (or provided credible medical evidence that he or she will have exhausted all leave before the medical condition is resolved), and
- Not requested donated leave in lieu of supplemental security income, short or long term disability.

I, the undersigned, having met the eligibility requirements for receiving donated leave, request a transfer of donated leave to my sick leave account from the SPC donated leave bank.

Use of donated leave is limited to personal illness or injury (non-worker comp related) and must be verified by the treating physician. I understand that any unused donated leave will be returned to the SPC donated leave bank.

To Be Completed By Employee/Representative Requesting Donated Leave

Employee/Representative Name:	Employee ID#:
Department:	Work Telephone Number:
<p>Leave Requested from Donation Bank:</p> <p style="text-align: center;"><input style="width: 50px; height: 20px;" type="text"/> Hours</p> <p><i>You may request a maximum of 25 days (five weeks) of leave during a 12-month period. Hours must be requested in one-hour increments.</i></p>	
Employee/Representative Signature:	Date: