



**DEDICATED SICK LEAVE (DSL) PROGRAM
APPLICATION TO RECEIVE ANNUAL AND/OR
SICK LEAVE**

This application is to be completed by the employee in a Group 11 or Group 12 title who is eligible to receive donations of sick leave from other employees through the System-wide Dedicated Sick Leave (DSL) Program.

Employee Eligibility Criteria to Receive Donations:

1. Two (2) years of continuous System service.
2. Serious injury or illness that is not job-related.
3. On an approved leave for at least thirty (30) continuous working days
4. All accrued sick and annual leave balances and compensatory time are exhausted.
5. All advanced sick and annual leave time is exhausted.
6. Recipient may not receive donations from subordinates.

To be completed by System employee seeking donated time.

Name of Employee:	Employee ID #:
Employee Corporate Job Title:	Employee Facility:
Employee Personal Email Address:	Employee Phone Number:

I authorize HRSS Leave Administration to process and administer donations for leave on my behalf with the understanding that every reasonable effort will be made to maintain the confidentiality of medical information.

Employee Signature:	Date:
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To be completed by HRSS Leave Administration:

Date Application Received:

- APPROVED**
You have been found eligible to participate in the DSL Program, or you will be eligible shortly; and, based on the medical documentation of the nature and severity of the illness or injury provided, you have been approved to receive dedicated sick leave donations.
- NOT APPROVED**
Based on a review of your medical documentation describing the nature and severity of the illness or injury, you have **not** been approved to receive sick leave donations for the reason described below.
- NOT ELIGIBLE**
You do **not** meet the eligibility requirements because:

HRSS Leave Administrator:	Date:
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