

Request for Benefit – Unclassified Donated Leave Bank

Pursuant to the *Unclassified Donated Leave Bank* policy, please complete the form below to request use of the Unclassified Donated Leave Bank. All paid leave time must be exhausted prior to use of any donated leave.

Should you have any questions, please do not hesitate to contact Human Resources at hr@wou.edu or (503)838-8490.

Employee Name:		
V#:		
Department:		
Position Title:		
Date Donated Leave Use Will Begin:		
Qualifying Reason: <i>Check all that apply</i>	Parental Leave Serious Health Condition (Employee) Serious Health Condition (Family Member) Pregnancy Disability	Sick Child Leave Bereavement Leave Oregon Military Family Leave Military Family Leave
Hours of Donated Leave Requested:		

By signing below, I agree to the following:

1. The number of hours requested from the Donated Leave Bank may not exceed 480 hours in a 12-month rolling period.
2. I will submit the necessary documentation (medical certifications, etc.) pursuant to the *Unclassified Donated Leave Bank* policy.
3. I must use all of my own accrued leave (vacation, sick, etc.) prior to using requested hours from the Donated Leave Bank.
4. Unless the request is an emergency, I must submit this request a minimum of two weeks prior to the date the benefits are to begin.
5. I am responsible for all tax liabilities that occur as a result of receiving this benefit.
6. If my request is approved, Human Resources will credit my sick leave bank with the requested hours. While receiving benefit, I shall cease accrual of sick leave benefits. Upon return to full duty, I will be credited with the amount of applicable sick leave that I earned during the period that I was receiving benefit from the Donated Leave Bank.

Signature	Date

Please return this completed form to Human Resource via hard-copy or via email to hr@wou.edu.