

GLOUCESTER COUNTY PUBLIC SCHOOLS
LEAVE DONATION PROGRAM

LEAVE DONATION PROGRAM APPLICATION

This form is used for the purposes of administering the GCPS Leave Donation Program. There is no legal requirement that an individual provide the requested data. However, participation in the GCPS Leave Donation Program requires that the data requested below be provided to the GCPS Budget & Finance Department, who administers the program. Information as to the nature of the serious/life-threatening illness/injury involved may be disclosed to other GCPS employees only with the informed consent of the employee pursuant to the "Informed Consent for Release of Data" form.

This form must be completed and accompanied by medical verification of the serious/life-threatening illness/injury as well as the "Leave Request Form" before it will be processed.

Part I - To be completed by employee requesting leave donations (Please print or type).

Name _____

Employee Number _____

Title _____ Department/Division _____

Work Address _____

Work Phone _____

Home Address _____

City/State/Zip Code _____

Home Phone _____

Supervisor's Name _____

Supervisor's Work Phone _____

Date Illness/Injury Began _____ Anticipated Date of Return to Work _____

Date all paid leave was/will be exhausted: _____

Briefly describe the nature of illness/injury: _____

I am fully aware of and authorize GCPS to initiate leave donation on my behalf.

Employee Signature *Date*

Part II - To be completed by employee's department

I acknowledge that I am aware of employee's application for the Leave Donation Program.

Department Head Signature *Date*

Part III – APPROVAL - To be completed by the Superintendent or Designee

Superintendent/Designee *Date*

ADOPTED: November 14, 2017; Effective November 15, 2017

CROSS REFERENCES:	GBDG	Staff Leave
	GBDG-R2	Leave Donation Program
	GBDG-E2	Request to Donate Sick Leave Days
	GBDG-E3	Informed Consent for Release of Data