

Mississippi State University  
**APPLICATION TO RECEIVE DONATED LEAVE**

**Instructions:** Complete this form to apply for donated leave. Before an employee may receive donated leave, he/she must have his/her physician complete the back of this form, which provides MSU with the beginning date of the catastrophic injury or illness, a description of the injury or illness, and a prognosis for recovery and the anticipated date that you will be able to return to work.

**PLEASE PRINT OR TYPE**

**PART I - Employee Information: To be completed by the recipient employee.**

1. Employee Name:	2. MSU ID No.:
3. Department/County:	4. Home Phone Number:
<p>5. Reason for Request:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Personal Medical Condition                       Work-related?   <input type="checkbox"/> Yes   <input type="checkbox"/> No                 </div> <div style="width: 45%;"> <input type="checkbox"/> Medical Condition of Immediate Family Member                      (spouse, parent, step-parent, sibling, child, or step-child)                       Name and Relationship:                       _____                 </div> </div>	
<p><b>The reason for the request must be verified by the physician treating the individual with the medical condition. The physician must provide all of the information requested on the back of this form (PART III) and he/she must sign and date the form.</b></p>	
Date All Compensatory, Personal and Major Medical Leave Exhausted:	
<b>Certification:</b>	<p>I certify that:</p> <ol style="list-style-type: none"> <li>1. I have been affected by a catastrophic injury or illness as described in Part III (Physician's Certification).</li> <li>2. I have or will have exhausted all compensatory, personal and major medical leave.</li> <li>3. I have been employed for a total of a least twelve (12) months on the date on which the leave is donated.</li> <li>4. I have been employed for a least one thousand two hundred fifty (1,250) hours of service during the previous twelve month period from the date on which the leave is donated.</li> </ol>
<p>In applying for leave donations, I authorize Human Resources Management to release my name to employees wishing to donate leave.</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Employee's Signature:	10. Date:
11. Witness Signature:	12. Date:

